

LEICESTERSHIRE ADULT SOCIAL CARE SERVICE

Leicestershire EXTRA CARE HOUSING STRATEGY

**for Older People
2010-2015**

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Foreword

Leicestershire's Extra Care Housing Strategy aims to offer a structured approach to developing Extra Care in the County, helping to create balanced communities and provide choice to Older People in Leicestershire. Our Strategy will allow older people in Leicestershire to have the choice and control over their daily lives with care and support delivered as and when they need it.

In recent years Leicestershire has seen a change in the needs and aspirations of people as they get older, with an aversion to the rigid and traditional models of residential care and housing support services. Furthermore, by 2028 a quarter of Leicestershire's population will be over 65, and it is unlikely that the coming generation will aspire to moving to traditional residential care and housing support services having been more mobile, both in terms of employment and accommodation. As the numbers of older people increase the housing market, care and support services need to adapt to what people want now.

Extra Care in Leicestershire will modernise residential care and housing support services offering people a range of lifestyle, health, care and support options that they will aspire to. The Extra Care Housing Strategy for Leicestershire is focused on:

- **Choice and Control for Older People**, by offering individuals a wider range of modern, flexible and innovative care and support options, this will:
 - put older people at the centre of services
 - give individuals better and improved services that are joined up and seamless
- **Promoting Independence for Older People**, by the provision of self-contained accommodation with access to on-site care and support, this will:
 - enable individuals to live independently in the community
 - promote their well-being and help alleviate social isolation
- **Empowering Older People**, by the provision of health, care and support services coming to the individual, as and when they need it, this will:
 - enable individuals to stay in their own homes and not be required to change their accommodation
 - allow individuals to receive services that can and should be available in the community
- **Accessible Services for Older People**, by designing or adapting where individuals live to facilitate the delivery of personal social care, support and health services.

Our aspiration for this Strategy is to develop a programme of change that reforms current housing, care and support provision in the County and one that better meets the needs and aspirations of citizens in Leicestershire. We want to create balanced communities where older people feel safe and are respected and where age is not a barrier to choosing which accommodation, neighbourhoods and communities they may wish to live in.

Mick Connell, *Director of Adult Social Care and Health*

David Sprason *LCC Cabinet Lead Member for Adult Social Care and Health*



Executive Summary

Our Vision

To give people in Leicestershire new and modernised specialist housing that is accessible and part of the community and that older people will aspire to live in.

Extra Care will create balanced communities with more homes with choice.

Creating balanced communities and providing choice to Older People

Leicestershire's Extra Care Housing Strategy aims to reform and modernise traditional residential care provision in Leicestershire to help better meet the needs and expectations of older people in the County, including those individuals who live in their own home and fund their own care and support needs.

The Strategy aims to create balanced communities and provide choice to all people, offering a range of specialised housing, care and support services tailored to individual need. The highest standards of innovative, desirable housing with care will be developed at the heart of our communities.

The purpose of Extra Care is to:

- Respond to demographic change and the rising costs of residential care.
- Meet the needs and aspirations of an ageing population.

- Give a viable alternative to residential care
- Offer people more choice and alternatives to residential care.
- Contribute to the prevention of unnecessary hospital admissions.
- Assist in reducing delayed discharges from hospitals.
- Provide housing with support and long term care.
 - Stimulate on-going strategic links between health, social care and housing.

Personalisation

The plan to develop Extra Care in Leicestershire is to modernise housing, care and support services by offering people a real alternative to traditional residential care homes and respond to demographic changes. Modernisation of services has to be a priority, to respond to:

- An ageing population and longevity with the focus on preventative solutions and looking at innovative services.
- The growing rise in dementia and depression and the increasing importance of mental health in people aged 65 and over.
- The rise in the Black and Minority Ethnic (BME) population over 65 - provision should reflect the needs of a diverse community.
- Encouraging new and innovative services for older people and meeting these priorities in Leicestershire's Ageing Well and Sustainable Community Strategies as well as the Valuing People Now agenda.

- Fostering independence, support and care tailored to individuals and where choice and control are possible and meet the needs and aspirations of older people now and for coming generations.
- Delivering more flexible and innovative care and support services with the use of new technology such as telecare, telemedicine and assistive technology that will provide intervention solutions and reduce admissions to hospital.

The development of Extra Care will play a key part in Leicestershire's Personalisation Programme, which aims to give individuals a more active role in taking control and choosing services.

Extra Care is a means of supporting the aims of the Personalisation Programme, which is about having good outcomes, promoting well-being, dignity and independence and the shift to early intervention and prevention. The introduction of Personal Budgets will offer new opportunities.

Effective partnerships

The development and delivery of Extra Care in Leicestershire will require partnership arrangements across a range of agencies, including health, social care and housing authorities, as well as planning, architects, voluntary and private sector agencies, current and potential service users and their carers. The County Council will be the lead agency and will be expected to identify, develop and coordinate partnership arrangements in order to deliver the Strategy.

Demography

Changes in demography over the last ten years have seen an increasing number of

people living longer. These changes are likely to have the most significant impact on the demand for future housing related support and care services.

Leicestershire has an ageing population and it is predicted that, by 2028, a quarter of its population will be over 65¹. The Leicestershire Joint Strategic Needs Assessment (JSNA) 2009 predicts that over the next 15 years the numbers of people aged over 75 years is expected to increase significantly and the number of older people in Leicestershire aged 85+ is set to double by 2025.

The growth of the older population presents an emerging challenge for health and social care policy makers, given the significant impact this will have on the provision of health and social care services.

Current Provision

There are currently five housing schemes in Leicestershire categorised as Extra Care, providing a total of 166 tenancies. These are located in:

Melton Mowbray, Gretton Court
Market Harborough, Clover Court
Lutterworth, St Marys House
Blaby, Birch Court
Loughborough, Connaught House

Evidence suggests older people prefer to remain at home for as long as possible and in recent years there has been a decline in people going into residential care. In April 2003 there were approximately 62 admissions into residential care and by April 2009 this had decreased to approximately 43 admissions.

¹ Leicestershire Sustainable Community Strategy 2008, Older People

Leicestershire County Council aims to continue to increase the take-up of community-based options as alternatives to residential care, including the development of Extra Care Housing. The ratio of additional Extra Care schemes required in order to make long term reductions in residential care admissions is complex

Whole Systems Partnership Consultancy undertook a recent analysis of Leicestershire's older population and demographic trends to identify projections on the future demand for older people's services. The outcome of the analysis suggested that to make a significant impact on the numbers of residential care admissions approximately 500 additional Extra Care places would be needed in Leicestershire by 2015.

The preferred model of Extra Care in Leicestershire will be mixed tenure. Investment will come from private housing providers as well as the rented housing market. This will cater for people who might already own houses and wish to retain their assets.

Models of Extra Care

The diversity of Extra Care Housing gives scope to a diversity of provision through exploring the range of different types, tenures and services.

The following examples of Extra Care schemes will assist in envisaging the range of provision and help to communicate the concept of Extra Care to a range of stakeholders:

- Purpose built Extra Care schemes without community resources.
- Purpose built Extra Care schemes with community resources.
- Core and cluster Extra care schemes

- Remodelled Extra Care schemes from existing sheltered housing or residential care homes.
- Retirement villages or continuing care communities.
- Extra Care housing linked to home provision.
- Extra Care schemes for people with specialist needs, e.g. dementia or BME.
- Extra Care as a co-housing scheme.

Consultation

In 2007 the report 'Developing Supported Accommodation for Older People in Leicestershire' made a commitment to consult on a number of proposals, which included the development of Extra Care schemes across Leicestershire to give older people choice and independence and create balanced communities.

The outcome of the consultation was:

- There was strong support for the development of Extra Care Housing in Leicestershire.
- Many respondents recognised that Extra Care Housing could provide an alternative to residential care for older people.
- Borough and District Councils showed a strong commitment to the model of Extra Care housing and a desire to work in partnership with the County Council to increase the choices available, although not all districts were in a position to do so at that time

Following the consultation on-going work continues to explore the development of Extra Care with stakeholders within the County.

Key Principles:

Leicestershire Extra Care Housing Strategy 2010 – 2015

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Helping to create balanced communities and provide choice to Older People in Leicestershire

In Leicestershire the development of Extra Care will be based on three key principles:

- To promote independence – the provision of self contained accommodation with access to on site care and support enables individuals to live independently in the community, promotes their well-being and helps to alleviate social isolation.
- To be empowering – primary health, care and support services should come to the individual, as and when needed, rather than the individual being required to change their accommodation, in order to receive services that can and should be available in the community.
- To be accessible – where individuals live should be designed, or be capable of being adapted, to facilitate the delivery of personal social and health care services.

The characteristics of Extra Care combine the best aspects of residential care homes and sheltered housing with the independence of living at home.

Characteristics of care and support provision in Extra Care schemes

Although models of care and support provided within an Extra Care scheme can vary, how the care and support should be provided should have some key characteristics, these are:

- The 24 hour presence of a care and support provider.
- Flexibility to enable staff to respond to temporary fluctuations in the need for care.

- Supporting people to do things for themselves rather than doing things for them.
- Holistic approach and providing effective and appropriate social and leisure activities to encourage, independence, healthy living and maintenance of lifestyle and well-being.
- Create balanced communities in which there are residents with varying levels of care and support needs; providers will need to manage entry into the scheme in order to maintain this balance.

The concepts of Extra Care are:

- To provide a form of housing provision that allows people in need of care and support to remain independent, or age in one place without having to move, in particular to residential care or nursing homes.
- Enabling couples to continue to live together rather than one having to move into a residential care setting.
- Giving people lifestyle choices and a range of tenure options, including low cost home ownership.
- Living at home, not in a home, which means having one's own front door and on-site high quality meals provision, with a main meal available on site each day.
- The design of the building will be adapted to maximise physical accessibility.
- A balanced community will be maintained so that the more

independent tenants can support those with higher dependencies.

- Social events and activities will be provided in communal/meeting areas.

Strategic Framework

A strategic commissioning framework needs to be developed effectively across all partners to achieve the vision for Extra Care in Leicestershire and its outcomes by working together to promote and ensure a strategic balance of investment in local services for:

- The general population, aimed at promoting health and social inclusion.
- People with emerging needs to provide care and support to enable them to maintain their independence.
- Diverse groups within the local population, ensuring that there is a range of services which meet the needs of the wider community.

Successful Implementation

To successfully implement Extra Care in Leicestershire, the procurement process will need to be clear from the outset about the precise specification needed for tendering. However, commissioners will need to build in some flexibility, with the emphasis on increased choice for customers through the personalisation agenda.

The development of Extra Care in Leicestershire will incur capital and revenue costs. The main sources of expenditure that will need to be considered for a proposed scheme will be:

Capital Costs: Build or purchase costs, land costs and architects fees.

Revenue Costs: Rent, care, housing and support costs.

The successful implementation of Extra Care schemes in Leicestershire will depend on a range of factors, these include:

- Location
- Internal and external design
- Use of Assistive Technology and Telecare
- Managing Extra Care Schemes
- Delivering care and support
- Allocations and maintaining a balanced community
- Black and Minority Ethnic needs

Will Extra Care be Cost Effective?

Extra Care provides a service that fits between care in the community and residential care. Extra Care enables individuals to maintain a good quality of life in the community, rather than going into residential care.

Extra Care gives the opportunity to access other sources of funding, such as benefits and allowances to cover non-care costs. Maintaining people in the community, rather than in residential care reduces dependency and its associated cost.

It is also evident that older people living in Extra Care with a low income are left with more personal allowance after meeting housing and care costs.

Cost effectiveness can be greatly improved by careful financial modelling at the development stage, which can ensure that a scheme consists of the right number of units, mix of tenures, and facilities to make it economically viable.

Taking the Strategy Forward

The steering group will take overall responsibility for leading on key actions to take forward the Strategy. Key actions will include:

- Developing an engagement and involvement plan of all relevant stakeholders.
- Forecasting and planning ahead for the demand of Extra Care in Leicestershire.
- Reviewing and mapping all community based services in Leicestershire.
- Developing clear and effective commissioning plans.
- Exploring the full range of revenue and capital funding possibilities.
- Implementing successful Extra Care in Leicestershire.
- Developing an 'Operational Policy' covering the contracting arrangements.
- Setting a potential 'Virtual Extra Care' network, exploring new technology.
- Monitoring and reviewing the success of Extra Care in Leicestershire.
- Managing and minimising the risks of developing and implementing Extra Care in Leicestershire

Introduction

Leicestershire's Extra Care Housing Strategy 2010 -2015

Leicestershire's Extra Care Housing Strategy aims to reform and modernise traditional residential care provision in Leicestershire to help better meet the needs and expectations of older people in the County, including those individuals who live in their own home and fund their own care and support needs.

Traditional residential care is increasingly seen as a costly option, occupied by people who are either extremely frail or mentally incapacitated. It is also perceived as having a deteriorating impact on an individual's quality of life². By developing partnerships between a range of local agencies³ Leicestershire County Council aims to expand and stimulate the development of Extra Care in Leicestershire.

The purpose of Extra Care is to:

- Respond to demographic change and rising costs of residential care.
- Give a viable alternative to residential care in which care at night can be delivered in a cost effective way.
- Meet the needs and aspirations of an ageing population.
- Develop innovative housing with care and support options.
- Offer people more choice and alternatives to residential care.
- Contribute to prevention to unnecessary hospital admissions.
- Assist in reducing delayed transfers of care from hospitals.
- Provide housing with support and long term care.
- Stimulate on-going strategic links between health, social care and housing.

The Housing Corporation Regulatory Circular 03.04 described Extra Care Housing as: *'purpose built accommodation in which varying amounts of care and support can be offered and where some services and facilities are shared'*.

² Care Services Improvement Partnership, The ExtraCare Housing Toolkit, What is Extra Care Housing?

³ Local Housing Departments, Health, District and Borough Councils

In Leicestershire we recognise that Extra Care is a form of housing provision. However, it is also a person's individual home and it is not a care home or hospital. Extra Care in Leicestershire is:

- Accommodation that has been specially designed, built, or adapted to facilitate the care and support needs that its owners/tenants may have.
- Accommodation where access to care and support is available 24 hours per day either by site or by call.
- Accommodation can be owned, rented part owned and part rented and leasehold.

This Strategy will underpin the development of a strategic commissioning plan for implementing Extra Care in the County both for the immediate future and the longer term.

Modernisation

Modernisation Agenda

The focus in Leicestershire will be on modernising housing and care and support services for older people by offering a real alternative to traditional residential care homes. Many ordinary social housing schemes have been occupied continuously since the sixties, and the provision of Extra Care is a response to enduring demographic change⁴. We need to modernise because:

- There is an ageing population and it is predicted that, by 2028, quarter of Leicestershire's population will be over 65 and people over 85 the fastest growing age category⁵.
- As people are living longer health, care and support services need to focus on preventative solutions and looking at innovative services and assisted technology that promote independence, good health, physical activity and well-being, as well as give people choice and control.
- There is increasing importance of mental health in people aged 65 and over, with a growing rise in dementia and depression. Service design and planning will need to consider this growing need.
- There is a rise in the Black and Minority Ethnic (BME) population over 65, which increased by 16.7 per cent between 2001 and 2004. Extra Care needs to respond effectively to the needs of BME elders. Provision should reflect the ethnic diversity of the County and promote equality of opportunity⁶ and access to services.

⁴ Developing and Implementing Local Housing Strategies, Housing & Learning Improvement Network, 2006

⁵ Leicestershire Sustainable Community Strategy 2008, Older People

⁶ Developing Extra Care Housing for Black and Minority Ethnic Elders, Housing LIN Report 2006

- Extra Care meets the agenda's for Leicestershire's Ageing Well and Sustainable Community Strategies, which encourages the development of new and innovative services for older people.
- Extra Care is very much in accord with the Valuing People agenda and can also be used as an effective model for older people with learning disabilities, many of whom are cared for by carers at home, who may themselves be elderly.
- There is a shift in the needs and aspirations of older people and the coming generations. Modernised services need to foster independence, support and care which can be tailored to individuals and where independence, choice and control are possible.
- For those who require the most intensive levels of care and support, access to well designed high quality housing settings will be vital to enable them to exercise choice and control and hence enjoy the best quality of life.
- Evolving technology, such as telecare, telemedicine and assisted technology will give opportunity to deliver more flexible and innovative care and support services that provide intervention solutions, help reduce hospital admissions. This will also be important to carers providing them with support and peace of mind.
- National policy places greater emphasis on the personalisation and individual budgets, with individuals having more choice and self-determination.
- The White Paper Our Health, Our Care, Our Say outlines the Government's intention to achieve better prevention services and early intervention, giving older people more choice and more say, tackling inequalities, social exclusion and improve access to community services and giving more support to people with long term needs.

Extra Care in Leicestershire

The Vision for Extra Care in Leicestershire

Extra Care in Leicestershire will not be an institution and people who live there will have their own homes. Our vision is to give people in Leicestershire new and modernised specialist housing that is accessible and part of the community and one that older people will aspire to live in. Extra Care will create balanced communities with more homes with choice, through increased public funding for housing and the commercial sector.

The concepts of Extra Care⁷ are:

- To provide a form of housing provision that allows people in need of care and support to remain independent, or age in one place without having to move, in particular to residential care or nursing homes.
- Enabling couples to continue to live together rather than one having to move into a residential care setting.
- Giving people lifestyles choices and a range of tenure options, with low cost home ownership.
- Living at home – not in a home, having one's own front door and on-site high quality meals provision, with a main meal available on site each day.
- The design of the building will be adapted to maximise physical accessibility.

⁷ Care Services Improvement Partnership, The Extra Care Housing Toolkit

- A balanced community will be maintained so that the more independent tenants can support those with higher dependencies.
- Social events and activities will be provided in communal/meeting areas.
- To allow for a flexible and adaptive approach to the care of older people, based on individuals needs this can increase or diminish according to circumstances. Personal care and housing support will be available on site throughout a 24 hour period.
- The opportunity to preserve or rebuild independent living skills and offer a range of facilities and social activities that are valued by older people and contribute to an active, healthy and interesting life.
- Quality inclusive design of buildings that is attractive but also functional.
- The provision of accessible buildings with smart technology that make independent living possible for people with a range of abilities. Incorporate the usual components of purpose-built self-contained accommodation for independent living, but include specifically equipped bathrooms, communal areas and space for support staff.
- Building a real community including mixed tenures and mixed abilities. Extra Care should be accessible to the wider community and offer the same benefits and services available to all older people.
- Flexibility makes it more cost effective than more conventional forms of care and support, such as residential care – making it an increasingly popular choice for older people.
- Create a culture which puts older people at the centre of services, i.e. choice and control and one where housing, health, care and support providers are committed to quality, supporting independence, being customer focused.
- Working closely with landlords to ensure that appropriate allocations to the schemes are made, including allocating tenancies to people who would otherwise be considered for a residential care placement.

Thorough research and evidence will support a co-ordinated approach in developing Extra Care in Leicestershire that will incorporate these concepts and encourage the highest standards of innovative and desirable housing with care and support that will be at the heart of our communities.

Key Principles:

In the Leicestershire the development of Extra Care will be based on three key principles⁸:

⁸ Care Services Improvement Partnership: Why do we need Extra Care Housing

- To promote independence – the provision of self contained accommodation with access to on site care and support enables individuals to live independently in the community, promotes their well-being and helps to alleviate social isolation.
- To be empowering – primary health, care and support services should come to the individual, as and when needed, rather than the individual being required to change their accommodation, in order to receive services that can and should be available in the community.
- To be accessible – where individuals live should be designed, or be capable of being adapted, to facilitate the delivery of personal social and health care services.

The characteristics of Extra Care combine the best aspects of residential homes and sheltered housing with the independence of living at home.

The Enabling Model

Extra Care in Leicestershire will be delivered as a model based enabling individuals, which will assist individuals to carry out day-to-day tasks of independent living for themselves. The model aims to achieve independence and dignity for individuals and giving them more choice and control, for example:

- There will be no set times for getting up and going to bed or when to have meals.
- A choice of what to eat on any given day.
- There will be a choice of what to buy for the preparation of meals and snacks.
- Residents can stay in the flat or join in with others.
- Residents will be able to close the front door and be on their own.

Extra Care and Health

The living environment can have a powerful effect on well being and health at all ages. Older people are particularly vulnerable to the effects of poorly designed accommodation. The provision of well-designed communal areas in a scheme, for example, encourages social interaction thus reducing isolation and depression. Safe space to walk can improve mobility and blood pressure.

In addition to the potential to improve general health, Extra Care has significant implications for the delivery of health and social care services. Potentially redesigning care pathways to include telecare intervention and more effective distribution of information and improved nutrition can be well facilitated in this type of model.

Extra Care Housing for People with Dementia

There are a range of debates around the model of provision that is best for individuals with dementia and carers and for other occupants of Extra Care Housing. The ability to support an individual with dementia is greatly increased by an early move into a scheme, whilst they still have some understanding of the move that has been made, have the capacity to develop relationships and are able to adapt to new surroundings, albeit with support.

Equally, Extra Care may not be appropriate for people who on entry are in the advanced stages of dementia.

A number of factors have, in recent years, encouraged the consideration of Extra Care for people with low to moderate levels of dementia. Some of these factors have centred on the increased costs of residential care and the realisation that this environment may not always be helpful to relatives and carers⁹. Equally, the reduction in on-site wardens on many sheltered schemes has also made dementia hard to manage.

However with the increased availability of assistive technology and given that much of Extra Care can be new build 'dementia friendly' features can be incorporated into the design. Examples of these include schemes which:

- Can accommodate residents with dementia as part of the wider scheme, through incorporation of dementia friendly design principles and appropriate staffing and support.
- Have purpose built wings or areas for individuals with dementia.
- Are solely for individuals with dementia.

Research recently undertaken by the University of the West of England, in collaboration with Dementia Voice, Housing 21 and the Housing Corporation, assessed the outcomes for people with dementia living within Extra Care schemes. It found that far from being an unsuitable housing option for individuals with dementia:

- Extra Care is a resoundingly popular accommodation choice for older people who develop memory problems or dementia and need to move out of their home.
- Extra Care has a key role in maintaining independence and health of people with dementia.
- With the right support, people with dementia and memory problems are able to live independently in Extra Care for nearly as long as people without significant cognitive impairment (around two years).
- Older people with dementia and their families choose Extra Care because it meets their needs and aspirations better than other accommodation options.
- Friends and relatives are more likely to remain part of an informal support network of residents living in Extra Care Housing, compared to people living in a hospital or care home.

⁹ Care Services Improvement Partnership: The Extra Care Housing Toolkit

Policy Context

National Agenda

Background

Even though evidence suggests most people want to remain in their own homes as they get older for some people living in their long term family home may become less desirable because of diminished accessibility or funds, e.g. no level access to the property, a lack of space to fit adaptations such as stair lifts.

In other circumstances, the home may have just become too large, or worries about the current state of the property, or the need to maintain it may have begun to reduce the pleasure that the home once brought.

Moving to traditional forms of residential care homes, which often means a surrender of housing equity or sheltered schemes, which is seen as a temporary move (the need to move again as care and support needs increase) are becoming increasingly less desirable.

Leicestershire Extra Care Housing Strategy 2010 – 2015

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Helping to create balanced communities and provide choice to Older People in Leicestershire

This is because aspirations of people as they get older are changing. As people have been more mobile, both in terms of employment and accommodation, than preceding generations, people's needs have changed too. They also have much greater amounts of equity, giving them more choice about property options.

Older people and coming generations want services that allow them to retain control over their daily lives with support delivered as and when they need it. What they do not want are rigid and traditional models that take for granted an inevitable path from living independently to being cared for¹⁰.

Key themes

The key themes that have emerged from relevant national policies on older people over the last 10 years have a core focus on the individual and to emphasise:

- Support older people at home as far as possible.
- Providing a wider range of choices of both housing and care and support.
- Support people to be as independent as long as possible, as they age.
- Cultural sensitivity, which underpins the strategic priorities both nationally and locally, in line with the government's commitment to multiculturalism.
- There is a growing population amongst people from Black and Minority Ethnic backgrounds and increasing demand for better and more flexible forms of support and care, including Extra Care¹¹.

National policy drivers are increasingly recognising Extra Care Housing and housing related services, with extra investment and new approaches to housing with care, as being fundamental in delivering the government's agenda on giving older people the choice and control they want. Extra Care is seen as one form of provision that can meet some of these policy aims because it:

- Provides self-contained accommodation – your own home.
- Is an additional and or a different choice.
- Offers independence, but also a safe environment, which is often a concern for many older people.
- Offers a sociable environment helping to reduce social isolation. This results in better mental and physical health enabling many to maintain their independence.
- Provides a home in which care and support can change to meet flexible needs.

¹⁰ PRP Conference July 2003, New Designs for Older People

¹¹ Quality and Choice for Older People's Housing – A Strategic Framework (DETR/DH, 2001)

- It is an alternative to either traditional sheltered housing at one end of the scale or residential care at the other.

Our health, our care, our say

The White Paper 'Our health, our care, our say', published in October 2006 sets out a framework for adult social care in the future and expects local authorities to work strategically with partners to promote independence and provide opportunities for greater choice and control for service users.

To aid this process the Department of Health Extra Care Housing Fund encouraged Local Authorities in England to provide greater housing choice to older people and other people with disabilities or long term conditions who may have support and/or care needs.

£80 million will be made available by the Department of Health to local authorities and their housing partners between 2008 and 2010, as set out in LASSL(DH)(2007)2¹² to provide new Extra Care Housing units. This funding will be distributed through a bidding process during £40 million in 2008-09 and £40 million in 2009-10. This is on top of £147 million made available between 2004 and 2008 detailed in the Extra Care Housing Funding 2004 to 2008 document.

Local Agenda

The Care Quality Commission monitors progress to increase the provision of Extra Care Housing within the county. In 2008 Leicestershire had no additional provision for Extra Care housing. In 2009 the target was to have an additional 15 places of Extra Care Housing within the county.

The report 'Developing Supported Accommodation for Older People in Leicestershire' presented to the Cabinet on the 5 March 2007 highlighted the need to consider the aspirations of older people in developing a strategy for the future.

Consultation was undertaken on a number of proposals in the report, including the proposal to develop Extra Care schemes across Leicestershire as a way to enable older people to live independently.

The County Council's Medium Term Corporate Strategy to 2009 has identified developing Extra Care as a priority highlighting the need for 'home for life' and giving people security by providing increasing levels of personal care and housing support to help people remain in their own homes as their needs become greater.

The development of Extra Care in Leicestershire is a key priority within Adult Social Care's Strategic Plan 2007 – 2010 and Leicestershire Supporting People Five Year Strategy 2010 - 2015. Since 2007 the Development of Supported Accommodation for Older People has identified developing Extra Care as a key priority within the movement. It gives opportunity for many older people to lead more independent lives and prevent unnecessary admissions to residential care.

¹² Local Authority Social Services Letter, 2007 - This letter sets out local authority allocations in respect of 2008-09 and provisional allocations in respect of 2009-10 and 2010-11.

The Leicestershire Sustainable Community Strategy 2008, includes two outcomes relating to older people, with sub outcomes relating to helping people to live independently :

Table 1

Outcomes	Sub outcomes
1.7: More older people are able to live independent lives	1.7.1: More older people are supported to live at home.
6.6: The health and well-being of older people is increased	6.6.2: The number of older people unnecessarily admitted to hospital and residential care is reduced.

The Strategy recognises the benefits of maintaining independence for older people:

'Independence is a significant desire for many older people, especially for those over 75 who are the highest users of social care services. Supporting people to live independently in their own homes with local community support is preferred by many but it is essential for all service agencies to provide dignified care.'

Personalisation

Development of Extra Care will play a key part to Leicestershire's Personalisation Agenda, which aims to give individuals a more active role in taking control and choosing services. People will have more say in:

- Assessing what help they need to live their life.
- Choosing what services can meet those needs.
- Determining how those services are delivered, and
- Evaluating the effectiveness of the services received.

There are several approaches to personalisation. However, much of the conversation about making services more personalised has focused on Individualised Budgets.

Individualised Budgets intend to offer new opportunities and money from different funding streams can be combined. Currently, the different funding streams that have been identified nationally that can be used within an Individualised Budget are:

- Local authority adult social care
- Integrated community equipment services
- Disabled Facilities Grants
- Supporting People for housing related support
- Access to Work

Extra Care is the ideal means of supporting the aims of personalisation, as the agenda is about having good outcomes, promoting well-being, dignity and independence and the

shift to early intervention and prevention. Extra Care will provide a new alternative to traditional residential care, giving increased choice, control and flexibility within which further options are available for people to choose how they would like their care and support to be provided and by whom¹³.

Key National Indicators

The Local Area Agreement 2 for Leicestershire has within it key national indicators that are relevant to Extra Care. Extra Care will contribute to the following national indicators and to improved outcomes for older people:

1. Improved life chances for vulnerable people and places

1.1 Improved Life chances for vulnerable people

- NI 142 – Number of vulnerable people who are supported to maintain independent living
- NI 145 – Adults with learning disabilities in settled accommodation

1.7 More older people are able to live independent lives

- NI 135 – Carers receiving needs assessment and or review and a specific carer's service or advice or information.

2. Stronger more cohesive communities

2.9 Older people are empowered to play an active part in the community

- NI 139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.

6. A healthier Leicestershire

6.7 Improved health outcomes for people in Leicestershire, including the reduction in health inequalities

- NI 121 – Mortality rate from all circulatory diseases at ages under 75

6.9 More people are physically active at a level which makes them healthier

- NI 8 – Adult participation in sport and recreation

Demography

Demographic Trends

Leicestershire's Profile¹⁴

Leicestershire is in the heart of England and has a north and south divide, the south prospering from effects of the economy of London and the South East. Leicestershire is a rural County with over 300 settlements. Leicestershire's population stood at 635,100 in

¹³ Procurement and Commissioning, Warwickshire Extra Care Housing Strategy, Personalisation

¹⁴ This is Leicestershire – Summary of issues from Evidence base< Leicestershire Sustainable Community Strategy 2008

2006 (mid-year population) and is the seventeenth largest of England's thirty four Shire counties.

There are seven Districts and Boroughs in Leicestershire, these are:

- Harborough District
- Hinckley and Bosworth Borough
- North West Leicestershire
- Charnwood Borough
- Blaby District
- Melton Borough
- Oadby and Wigston Borough

The population in Leicestershire has increased mainly due to migration from other areas of the UK and from overseas. It is projected that by 2029 the population of Leicestershire will have increased by around 14.5 per cent to 714,400 (based on 2004 projections from Office of national statistics).

Increases in life expectancy with a declining birth rate has led to an ageing population, with the population ageing at a faster rate than the regional and national average.

The overall deprivation in Leicestershire is low, ranked 136th most deprived local authority area out of 149 in England¹⁵. It is also the least deprived in the East Midlands, although there are pockets of deprivation.

The overall health of the population is better in Leicestershire than in previous years and there has been a decline in the incidence of infectious diseases, but an increase in chronic diseases associated with 'lifestyle'. As the population is ageing there is likely to be a significant impact on the health and health needs of the population such as coronary heart disease, chronic kidney disease, diabetes, stroke and dementia.

Ageing Population

The most significant impact on the likely demand for future care and support will come from demographic change.

Leicestershire has an ageing population and it is predicted that, by 2028, a quarter of its population will be over 65¹⁶. The Leicestershire Joint Strategic Needs Assessment (JSNA) 2009 predicts that over the next 15 years the numbers of people aged over 75 years is expected to increase significantly and the number of older people in Leicestershire aged 85+ between 2008 and 2025 is set to double.

The growth of the older population presents an emerging challenge for health and social care policy makers, given the significant impact this will have in the provision of health and social care services.

¹⁵ The Indices of Multiple Deprivation 2004

¹⁶ Leicestershire Sustainable Community Strategy 2008, Older People

The tables below highlight the demographic trends in Leicestershire for the following relevant groups¹⁷:

- Population by age.
- Supported residents in care homes.
- Admissions to supported permanent residential and nursing care.
- Percentage of total population.
- Ethnic groups.
- Tenure.
- Living alone.
- Dementia.

Population by age

The table below shows the projected population trends by age from 2008 – 2025.

Table 1

	2008	2010	2015	2020	2025
People aged 65-69	30,700	33,900	42,100	38,200	40,700
People aged 70-74	26,200	27,400	32,000	39,900	36,400
People aged 75-79	21,900	22,200	24,900	29,300	36,700
People aged 80-84	15,600	16,400	18,400	21,300	25,300
People aged 85 and over	13,600	14,700	17,500	21,200	26,500
Total population 65 and over	108,000	114,600	134,900	149,900	165,600

Source: Projecting Older People Population Information System (POPPI)

Table 1 shows the people aged 75 – 79 and 85 and over are likely to see the most significant rise in population by 2025. Overall there will be an increase of 57,600 people aged over 65 and over by 2025.

Locally, Harborough is expected to experience the biggest percentage increase in those aged 65 and over, followed by Melton Borough. As a result these areas should ensure the capacity of services is increased to account for a potential increase in the number of people over 65. The following table¹⁸ shows the increase in population locally:

Table 2

Area	Numbers in 2008	Numbers in 2025	% increase from 2008 - 2025
Harborough	14,200	24,400	71.8
Hinckley and Bosworth	18,100	28,800	59.9

¹⁷ To calculate the prevalence rates for the 85+ population, rates from the research for the 85-89, 90-94 and 95+ age groups have been applied to these age groups in the total England population, in order to calculate the total numbers in each age group, and then divided into the total 85+ population to establish the predicted prevalence of the 85+ population as a whole.

¹⁸ Leicestershire Joint Strategic Needs Assessment 2009 Refresh

North West Leicestershire	15,100	23,700	57.0
Charnwood	25,100	37,400	49.0
Blaby	16,100	23,900	48.4
Melton	8,600	12,500	45.3
Oadby and Wigston	10,700	13,800	29.0

Source: www.poppi.org.uk

Supported residents in care homes

Table 3 below show the numbers of older people aged 65 and over in local authority residential care, independent sector residential care, and nursing care during the year, purchased or provided by the Council with Social Services Responsibilities (CSSR). Projections show there will be increases of 1,625 older people needing support in care homes by 2025.

Table 3

	2008	2010	2015	2020	2025
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	3,047	3,233	3,806	4,229	4,672

Source: *Projecting Older People Population Information System (POPPI)*

Admissions to supported permanent residential and nursing care

Table 4 below shows the projections of the numbers of older people aged 65 or over admitted to permanent residential care and nursing care during the year, and financially supported by the council from 2008 – 2025. Projections show an increase of 472 will be admitted to supported permanent residential and nursing care by 2025.

Table 4

	2008	2010	2015	2020	2025
Number of older people admitted to supported permanent residential and nursing care	886	940	1,106	1,229	1,358

Source: *Projecting Older People Population Information System (POPPI)*

Percentage of total population

The following table shows the projections for the total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, from 2008 – 2025.

Table 5

Leicestershire Extra Care Housing Strategy 2010 – 2015

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Helping to create balanced communities and provide choice to Older People in Leicestershire

	2008	2010	2015	2020	2025
Total population	646,800	659,300	690,900	724,000	757,300
Population aged 65 and over	108,000	114,600	134,900	149,900	165,600
Population aged 85 and over	13,600	14,700	17,500	21,200	26,500
Population aged 65 and over as a proportion of the total population	16.70%	17.38%	19.53%	20.70%	21.87%
Population aged 85 and over as a proportion of the total population	2.10%	2.23%	2.53%	2.93%	3.50%

The projections shows there will a 21.87% increase in the population aged 65 and over as a proportion of the total population, this is a significant increase compared to 16.70% in 2008.

Ethnic group

There are sixty million people in the UK, and around four and a half million are from Black and Minority Ethnic background, this is eight per cent of the population¹⁹.

The following table shows people aged 55-64, 65-74, 75-84 and 85 and over by ethnic group in 2006. The largest ethnic group aged 55 and over is in Leicestershire is White, followed by Asian or Asian British.

Table 6

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85+
White (this includes British, Irish and Other White)	79,980	52,780	35,851	12,256
Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	134	73	48	25
Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	2,302	1,383	530	121
Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	275	241	56	15
Chinese or Other Ethnic Group	223	93	40	5
All people	82,913	54,569	36,525	12,422

¹⁹ Office of National Statistics: ONS (2003a) The Census

The Black and Minority Ethnic population is ageing and will have implications for a range of different service providers. The importance of joining up services for older people at a local level will be critical and emphasis needs to be given to the needs and requirements of this population.

Tenure

Table 7 below shows the proportion of population aged 55-64, 65-74, 75-84 and 85 and over by tenure, i.e. owned, rented from council, other social rented, private rented or living rent free in year 2001.

Table 7

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	88.99%	84.27%	74.24%	66.49%
Rented from council	6.08%	10.19%	16.71%	19.45%
Other social rented	1.10%	1.61%	2.60%	4.02%
Private rented or living rent free	3.83%	3.92%	6.45%	10.05%

Living alone

The table below shows the living arrangements of people aged 65 and over by age bands (65-74 and 75 and over) and gender and numbers living alone, from 2008 to 2025. Projections show there will be a much larger proportion of females living alone by 2025 than males. There will be an increase of 16,145 people aged 75 living alone by 2025.

Table 8

	2008	2010	2015	2020	2025
Males aged 65-74 predicted to live alone	4,692	5,083	6,137	6,460	6,409
Males aged 75 and over predicted to live alone	5,824	6,132	7,336	8,904	11,172
Females aged 65-74 predicted to live alone	9,669	10,428	12,540	13,233	13,002
Females aged 75 and over predicted to live alone	17,877	18,467	20,414	23,600	28,674
Total population aged 65-74 predicted to live alone	14,361	15,511	18,677	19,693	19,411
Total population aged 75 and over predicted to live alone	23,701	24,599	27,750	32,504	39,846

Dementia

The following table shows the numbers of people aged 65 and over predicted who are likely to have dementia, by age band (65-69, 70-74, 75-79, 80-84 and 85 and over) and gender from 2008 – 2025²⁰.

Table 9

	2008	2010	2015	2020	2025
Males aged 65-69 predicted to have dementia	228	251	311	281	302
Males aged 70-74 predicted to have dementia	384	409	477	598	546
Males aged 75-79 predicted to have dementia	505	510	597	704	887
Males aged 80-84 predicted to have dementia	653	704	806	979	1,173
Males aged 85 and over predicted to have dementia	887	985	1,300	1,655	2,167
Total males aged 65 and over predicted to have dementia	2,657	2,859	3,491	4,217	5,075
Females aged 65-69 predicted to have dementia	155	173	215	195	206
Females aged 70-74 predicted to have dementia	331	343	396	494	451
Females aged 75-79 predicted to have dementia	780	793	865	1,008	1,255
Females aged 80-84 predicted to have dementia	1,224	1,264	1,383	1,556	1,835
Females aged 85 and over predicted to have dementia	2,293	2,419	2,747	3,226	3,906
Total females aged 65 and over predicted to have dementia	4,783	4,992	5,606	6,479	7,653
Total population aged 65 and over predicted to have dementia	7,440	7,850	9,096	10,695	12,728

For men there will be 1.5% of 65-69 year olds; 3.1% of 70-74 year olds; 5.1% of 75-79 year olds; 10.2% of 80-84 year olds; 19.7% of men aged 85 and over are predicted to have dementia.

For women there will be 1% of 65-69 year olds; 2.4% of 70-74 year olds; 6.5% of 75-79 year olds; 13.3% of 80-84 year olds; 25.2% of women aged 85 and over are predicted to have dementia.

²⁰ The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2025.

A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.

Population projections will help inform the planning of services and decisions about the future allocation of resources. An ageing population has implications for the future provision of many services linked to older age groups. Population projections also inform household projections, which are used to estimate future demand for housing²¹.

By developing appropriate care and support through the delivery of carefully planned housing with modernised care and support solutions we can respond creatively to the impact of demographic change.

²¹ Extra Care Housing Strategy for Warwickshire, 2008

Current Accommodation Profile

Leicestershire's Current Position on Extra care

There are currently five housing schemes in Leicestershire categorised as Extra Care, providing a total of 166 tenancies. These are illustrated in table 1:

Table 1

Name of Extra Care Scheme	Location	District/Borough
Gretton Court	Melton Mowbray	Melton Borough
Clover Court	Market Harborough	Harborough District
St Mary's House	Lutterworth	Harborough District
Birch Court	Blaby	Blaby District
Connaught House	Loughborough	Charnwood Borough

Achievements to Date

In September 2005, Leicestershire County Council, in partnership with the Borough and District Councils, NHS Leicestershire and Rutland, and the voluntary sector represented by Care and Repair (Leicester), worked on a 'Housing and Support for Older People' (HSOP) project, to develop joint working on services for older people. The vision was:

'To develop a County-wide continuum of provision of supported housing for older people that addresses support as well as housing need, is flexible to the changing needs of older people, maximises independence, and is provided in properties and places where people choose to live.'

The aim of the project was to audit the various categories of supported housing across the county, followed by a gap analysis to identify future commissioning and investment proposals of supported housing for older people in Leicestershire.

The project also identified sheltered schemes that may be suitable for refurbishment or remodelling as Extra Care. The following two options were identified:

- Re-categorising existing schemes for 'frail elderly' to Extra Care, without the need to refurbish or upgrade the buildings, as standards already meet the concepts of Extra Care.

The project identified two schemes in this category, which have been re-categorised:

- Gretton Court in Melton Mowbray, and

– Clover Court in Market Harborough

- Identifying existing sheltered housing schemes that have the potential to be refurbished as Extra Care, with additional capital funding.

Consultation on Extra Care Housing

In 2007 the report 'Developing Supported Housing for Older People in Leicestershire'²², made a commitment to consult on a number of proposals, which included the development of Extra Care schemes across Leicestershire to give older people choice and independence and create balanced communities.

The outcome of the consultation was:

- There was strong support for the development of Extra Care Housing in Leicestershire.
- Many respondents recognised that Extra Care Housing could provide an alternative to residential care for older people.
- Borough and District Councils showed a strong commitment to the model of extra care housing and a desire to work in partnership with the County Council to increase the choices available, although not all districts were in a position to do so at that time

Following the consultation on-going work continues to explore the development of Extra Care within the County, this includes:

- Reviewing existing schemes, as a real alternative to residential care and creating balanced communities, flexibility of care services, including the introduction of waking night cover in some schemes and upgrading community alarms or 'lifelines' connected to a response service.
- Working with partner agencies Housing Associations and Independent Sectors to identify potential opportunities for the development of additional Extra Care Housing
- Identifying existing sheltered housing schemes that could be upgraded through capital investment by enhance building design and infrastructure to deliver Extra Care.
- Identifying suitable development sites for new build initiatives.
- To gain a better understanding of the issues faced by those actively involved in the provision of housing and support to older people from Black and Minority Ethnic communities and the demand for Extra Care from these communities.

²² Presented to Cabinet on the 23 May 2007

- Understand the cultural changes and that suitable services, comparable in quality and quantity to those available for white British people, are made available for older people from minority ethnic groups.
- To gain a better understanding of the issues facing people with dementia and how their needs can be met through increased availability of assisted technology and specifically designed schemes to incorporate 'dementia friendly' features.

Extra Care as a Real Alternative to Residential Care

Over the last six years the numbers of older people in long stay residential care have been steadily declining. In April 2003 there were 1,450 older people classed as 'older persons long stay population' in Leicestershire, by April 2009 this had declined to 1,200²³.

There has also been a decline in Older People Admissions into residential care. In April 2003 there were approximately 62 admissions into residential care and by April 2009 this had decreased to approximately 43 admissions. This has happened despite an increased older population and is related to the continued growth in the number of community based services and the preferred choice of older people to remain at home for as long as possible.

In line with national policy Leicestershire County Council aims to continue to increase the take-up of community-based options as alternatives to residential care, including the development of Extra Care Housing.

In 2007/08, approximately 700 older people entered residential care, funded by Leicestershire County Council's Adult Social Care. It is anticipated that this is around 45% of all admissions, people with self-funding accounting for around 55% of admissions. Whilst year on year reductions in people entering residential care have been achieved in recent years, the intention is to try to make a further significant reduction in these figures over the next 10 years by increasing the number of Extra Care Housing schemes and developing a service model where Extra Care offers a real alternative to residential care.

The ratio of additional Extra Care schemes required in order to make long term reductions in residential care admissions is complex. However, trends in demography suggest that within the next 15 years the numbers of people aged over 75 years is expected to increase significantly. Demography will also have an impact on health and economic factors related to older people.

Whole Systems Partnership Consultancy undertook a recent analysis of Leicestershire's older population and demographic trends to identify projections on the future demand for older people's services. The outcome of the analysis suggested that to make a significant impact on the numbers of residential care admissions approximately 500 additional Extra Care places would be needed in Leicestershire by 2015.

The preferred model of Extra Care in Leicestershire will be mixed tenure. Investment will come from private housing providers as well as the rented housing market. This will cater

²³ Leicestershire County Council Adult Social care Service, Quarterly Report – Q1 2009/10 Care Placements – Trends over Time

for people who might already own houses and wish to retain their assets. There are three ways this can be taken forward over the next five years:

- Improving the existing Extra Care Housing schemes to ensure that they offer real alternatives to residential care and securing nomination rights to existing schemes for the County Council.
- Developing plans with providers to build new Extra Care Housing.
- Working with District and Borough Councils to upgrade existing sheltered housing to meet the requirements of Extra Care Housing.

Given the number of Extra Care homes needed in the future commissioning plans will need to consider resource implications and how these additional places will be funded. It is possible that some capital funding could be raised by disposal of property by the County Council, and also from Housing Associations and private developers. Revenue Funding could be reallocated by shifting resources from residential to Extra Care.

Reviewing Existing Extra Care

In October 2007, the Older and Disabled People’s Service Extended Management Team held a workshop to identify the obstacles and barriers of developing Extra Care Housing as a real alternative to residential care. The workshop identified a number of issues relating to existing Extra Care Housing provision in the County. The following table highlights the issues raised and the emerging solutions:

Table 2

Issues	Emerging Solutions
Need to standardise allocation policies with clear guidance across the County that give older people real choices and alternatives to residential care.	Admissions to residential care could be avoided through closer joint working, and ensuring that allocations policies are open to rapid referrals.
Conflict with housing providers, who base their allocations policies on housing waiting lists, and the need for the Adult Social Care Services to place people promptly. Admissions to residential care could be avoided through closer joint working, and ensuring that allocations policies are open to rapid referrals.	anced Community Model has been adopted as the standard service model for existing schemes. This has three bands of care need – 50% of residents with low care, 40% with medium care and 10% with high care. The thresholds for each band have been reviewed and are now recommended as 5 hours (low), 10 hours (medium) and 15 hours (high). A protocol has been written and consulted on with housing providers, strategic housing authorities, care and support commissioners, and assessment staff in Adult Social Care Service. Each existing scheme will then be expected to work towards adopting this protocol in order to better standardise policy and practice for a Leicestershire Extra Care Housing

	model.
Some schemes have high support and service charges, which potentially exclude some older people who might benefit. Affordability is important – full costs and recharges need to be identified, clearly understood and be transparent to service users.	Charges will be reviewed as part of the re-commissioning process of support services when Supporting People contracts expire in 2011.
Care services need to be sufficiently flexible to respond rapidly to residents' changing needs, including short-term increase in demand for care/support, placing additional pressures on care and support providers.	Care commissioners have negotiated additional floating hours into care contracts to allow for short term, flexible care needs.
Waking nighttime care has been identified as a key issue in making Extra Care a genuine alternative to residential care. Without this some older people will continue to be forced into residential care.	This identified need has seen the introduction of waking night cover in three care services within the county, these are: <ul style="list-style-type: none"> - Connaught House, Loughborough - Clover House, Market Harborough - Gretton Court, Melton Mowbray
Although, waking night cover will attempt to meet the care needs during the night there is recognition that sleep in cover may also be required within these schemes to respond to any emergency situations during the night. The County Council is currently considering this issue.	The provision of waking night cover has been negotiated and introduced into three existing care contracts. Further work is currently in progress to introduce waking night cover in two further care contracts, these are: <ul style="list-style-type: none"> - Birch Court, Glen Parva - St Marys, Lutterworth
Social activities are important and are not provided sufficiently well in some existing schemes. To create social inclusion, there will be mix of residents that reflect the local community to include people with low, medium and high care and support needs.	Social activities will be an integral part of Extra Care promoting healthier, inclusive and independent lifestyles. Support workers will encourage residents to arrange and be a part of the social activities. Residents will have the option to join in.
Lack of clarity between the care and support delivered, which can create tensions between the services, as both services have clearly defined eligibility criteria. There is a need to look at service re-alignments in this area.	Reviewing both care and support services through the contract monitoring process will clarify roles and responsibilities and give opportunity for joint working and providing seamless services. Housing related support services will be reviewed through the Supporting People Strategic Review of Older People Services due to start in 2010.
Assistive technology will be built into Extra Care service models, which should include a minimum standard of the provision of community alarms or 'lifelines' connected to a response service. Other forms of assistive technology will be considered on the needs of individuals.	Four schemes have upgraded their community alarm infrastructure over the last year in order to make more effective use of assistive technology. Three of these schemes were financed through the Telecare Grant. The community alarms are being integrated with the on site care and support services. It is expected that the use of certain forms of technology will enable more residents to retain tenancies rather than going into residential care.

Models of Support Services

Models of Extra Care

Whilst Extra Care is a form of housing, it may take a number of formats and designs that set apart from other forms of personal health and care provision. Extra Care in some areas is seen as a direct alternative to residential care, in others it may be portrayed as being a mid-point between sheltered housing and residential care or accommodation for people with a range of abilities but with differing amounts of care and support depending on need. The three models of Extra Care can be defined as²⁴ (see table 1):

Table 1

Model	Provision of Services	Level of Need (dependency)
An Alternative to Care Homes	<ul style="list-style-type: none"> ▪ Extra Care Housing 	Medium to High
Ageing in Place	<ul style="list-style-type: none"> ▪ Remain in family home, with support services normally self-funded for care needs. ▪ Sheltered Housing with support, with care externally provided ▪ Extra Care Housing ▪ Smaller population in care homes with very high dependency needs 	<p>None – Medium</p> <p>Low – Medium</p> <p>Medium</p> <p>High</p>

²⁴Care Services Improvement Partnership, Introduction – The development of Extra Care – Why do we need Extra Care – Extra Care Toolkit

A Home for Life	▪ Accommodation Based – home for life e.g. Extra Care, Retirement Villages	None, Low, Medium and High
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There are key characteristics of Extra Care and the diversity of this provision is evident in the range of different types, tenures and services. First and foremost Extra Care is purpose-built accommodation in which varying amounts of care and support can be offered and where some services and facilities are shared. Extra Care offers a flexible option for promoting people's independence whilst ensuring appropriate management of risk.

Examples of Extra Care Housing Schemes

The following table gives a description of the different types of Extra Care Housing²⁵:

Table 2

Type of Scheme	Description
Purpose built Extra Care scheme without community resources	<ul style="list-style-type: none"> ▪ Normally around 40-50 units of accommodation in one location ▪ Flats or bungalows ▪ Scheme for use by residents only
Purpose built Extra Care scheme with community resources	<ul style="list-style-type: none"> ▪ As above but with attached community facilities, e.g. resource or activity centres, health, recreational and leisure facilities, which are open to local older people
Virtual Extra Care	<ul style="list-style-type: none"> ▪ A team of home carers operate between the hours of 10 pm to 7 am to provide intensive support to vulnerable people otherwise imminent risk of admission to residential or nursing home care or may be especially vulnerable after hospital discharge
Core and Cluster Extra Care schemes	<ul style="list-style-type: none"> ▪ Small local schemes with a core central building, e.g. a scheme perhaps spread across four or five villages, in close proximity to each other, with eight to ten housing units in each location but with services based at one central building ▪ Shared housing, care management and staffing of all schemes ▪ Local housing units are often bungalows ▪ Schemes may be virtual, i.e. the link is via services provided rather than geographical closeness
Remodelled Extra Care	<ul style="list-style-type: none"> ▪ Probably at least 30 units of accommodation if they are to

²⁵ Care Services Improvement Partnership, Introduction – The development of Extra Care – Examples of Extra Care – Extra Care Toolkit

<p>scheme from existing sheltered housing or residential care home</p>	<p>achieve economic viability</p> <ul style="list-style-type: none"> ▪ Due to the need for a minimum number of units to make a scheme viable, remodelling tends to be of newer and larger sheltered schemes or homes ▪ Schemes may not have all the facilities of a new build Extra Care scheme, e.g. buggy store and charge, extensive communal facilities ▪ Cost, in most instances will determine the appropriateness of ordinary sheltered housing for conversion
<p>Retirement Village</p>	<ul style="list-style-type: none"> ▪ 100 plus units of accommodation ▪ Large development spread over one large site ▪ Often incorporate a range of buildings including flats, houses and bungalows ▪ Extensive communal, health and leisure facilities ▪ Scheme may incorporate a residential care or nursing home on site
<p>Extra Care schemes for people with specialist needs, e.g. dementia, learning difficulties</p>	<ul style="list-style-type: none"> ▪ Smaller than many other schemes often around 20-30 units ▪ Scheme specifically developed for individuals with specialist need ▪ Scheme incorporates specific care and health facilities, designed to meet the needs of these groups ▪ Schemes may incorporate a day resource for individuals both in and outside of the scheme with similar specialist need
<p>Extra Care linked to care home provision</p>	<ul style="list-style-type: none"> ▪ Small number of units – often flats ▪ Attached to existing care home ▪ Units often specifically for couples whom one has a very high care need, or specialist need, and the other who is a carer ▪ Ability to access care, support and facilities of existing home
<p>Extra Care as a co-housing scheme</p>	<ul style="list-style-type: none"> ▪ A model of shared ownership provision originally developed in the Netherlands and Denmark ▪ Independent living within private space but alongside others within a community that promotes active engagement with others, in communal spaces and around common interests <p>Key features are:</p> <ul style="list-style-type: none"> - Common facilities - Private dwellings - Resident-structured routines - Resident management - Design for social contact - Resident participation in the development process - Realistic social objectives

Services and Facilities incorporated into Extra Care

There are a number of services and facilities, which may be incorporated into an Extra Care model, these are:

- Day Services
- Assessment Services
- Community Based Care Team
- Respite Care Services
- Intermediate Care and rehabilitative services.
- Technology Response Centre for greater use and access of assistive technology.
- Health Care Services, in the delivery of targeted preventative and health promotion, e.g. flu vaccination programmes, falls clinics etc.
- Basing health services alongside schemes, e.g. GP services, which are open to the wider neighbourhood.
- Leisure facilities, shops, etc to add overall attractiveness and appeal and offers not just housing but also a lifestyle.
- Care or Nursing Home

Development of Extra Care

Developing a Strategic Commissioning Framework

Partnership and joined up working are both a national and local priority, ensuring the right balance between prevention, meeting low-level needs and providing care and support for those with higher-level and complex needs.

The development of Extra Care in Leicestershire should convey a clear image to the general public, older people and the range of professionals involved in its development or in the provision of services. A structured approach²⁶ to the delivery of Extra Care within a strategic commissioning framework will be taken to meet the aspirations and the diversity of needs of older people in Leicestershire:

Table 1

Strategic Approach	Delivery
1. Developing a clear strategy	<ul style="list-style-type: none"> Extra care will be strategically located within the range of provision for older people and other groups of users of services for which its development is being considered.
2. Establishing strong & effective partnerships	<ul style="list-style-type: none"> Key partners need to be identified and appropriately involved in the development and implementation of Extra Care.
3. Developing supportive planning arrangements	<ul style="list-style-type: none"> Developing supportive planning arrangements: Regional and local planning policies need to reflect the needs of the

²⁶ Care Services Improvement Partnership, Extra care Toolkit, Chapter Three: Planning the Development of Extra Care Housing

	ageing population and be geared towards supporting the development of Extra Care Housing locally where required.
4. Identifying capital and revenue funding	<ul style="list-style-type: none"> ▪ An essential requirement of any development is to secure the financial resources to develop and maintain schemes and their services.

The strategic commissioning framework needs to be developed effectively across all partners to achieve the vision for Extra Care in Leicestershire and its outcomes by working together to promote and ensure a strategic balance of investment in local services for:

- The general population, aimed at promoting health and social inclusion.
- People with emerging needs to provide care and support to enable them to maintain their independence.
- Diverse groups within the local population, ensuring that there is a
- range of services which meet the needs of the wider local community.

The Audit Commission has defined 'commissioning' as:

'the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local department or by the local authority, other public agencies or by the private or voluntary sectors'

The 'strategic commissioning framework' will be concerned with effecting change in the configuration of care and support services across the market to achieve the optimum range of services to meet the current and future needs of older people in Leicestershire.

The 'strategic commissioning framework' will set out priorities based on key outcomes. These priorities will be decided upon as a result of an analysis of needs and service demands, consultation and an understanding of the local health and social care market.

Partnership Working

Strong and effective partnership arrangements will facilitate the delivery of Extra Care in Leicestershire, helping to create balanced communities and provide choice to older people. Partners will include a full range of agencies, including Health, Adult Social Care, Districts and Boroughs, Housing, Planning and Independent Sector Providers, architects, voluntary agencies, current and potential users and carers.

The objectives of the Partnership will be to:

- Assist with the delivery of the aims and objectives of housing and related strategies.
- Ensure the development of Extra Care contributes to Leicestershire's Sustainable Community Strategy 2008.

- Improve the delivery of services and strive to achieve seamless services.
- Have a common vision and understanding of each other's priorities and activities.
- Share knowledge, expertise and good practice and generate ideas.
- Sign up to common outcomes and objectives.
- Have an agreed rationale as to why they are being pursued and a common understanding of their involvement in the process.

Leicestershire County Council will be responsible for identifying, developing and co-ordinating the partnership arrangements to facilitate the development of the Strategy. Specific responsibilities will include²⁷:

- Identifying what partnerships are required and how they might best be managed.
- Ensuring the involvement of key partners at the correct time. The involvement of individual agencies or groups will vary and some will need to play a less continuous role. However, this does not mean that their role in the development of schemes should be ignored.
- Providing assistance to those partners who need support in order to participate, e.g. some voluntary agencies may be valuable partners to any new developments, but may not be able to resource attendance at a large number of planning meetings.

The development and implementation of Extra Care in Leicestershire will involve key partners. The following table illustrates the nature of involving partners for planning Extra Care²⁸:

Key

ECH - Extra Care Housing

LAs - Local Authorities

Table 2

Partners	Role/Contribution
Providers and Housing Operators	
Housing Associations	<ul style="list-style-type: none"> ▪ Joint working with LAs to develop strategic direction ▪ The provision of expertise and knowledge to LAs ▪ Experience in responding to identified need in providing ECH for social rented sector and other forms of tenure.
Independent Sector/Charities	<ul style="list-style-type: none"> ▪ Ensuring engagements in the local ECH agenda ▪ Helping to inform the demand for ECH ▪ Responding to identified need in providing ECH ▪ Ensure a choice of a wide range of accommodation options

²⁷ Putting in place strong and effective partnerships, Care Services Improvement Partnership, The Extra Care Toolkit

²⁸ Care Services Improvement Partnership, The Extra care Toolkit, Partnerships for Planning Extra Care

Local Authorities, e.g. Social Care and Housing Department	<ul style="list-style-type: none"> Ensuring utilisation of existing resources and stock to provide ECH.
Capital Financing	
Housing Assoc/Commercial Lenders	<ul style="list-style-type: none"> Provision of funding advice and financing of developments
Homes & Community Agency	<ul style="list-style-type: none"> Ensuring they are aware of local developments and future potential bids for funding. Provision of guidance, financing and bidding for future funding
Elected Members	<ul style="list-style-type: none"> Ensuring that where the local authority is a total or part provider of ECH – suitable financial planning is in place.
Health, Care and Supporting People Provision	
Social Care/PCTs, NHS, Health Authorities, GP Commissioners	<ul style="list-style-type: none"> Planning that appropriate health, care and support services are available or can be commissioned. Helping to inform and develop the ethos behind individual schemes. Ensuring ECH is seen as a core service in meeting the health and social care needs of the population.
Voluntary Sector Agencies/Independent Sector/Support Services	<ul style="list-style-type: none"> Enabling providers to be part of the solution in the provision of services in ECH
Commissioning	
Health, Social Care and Housing Departments	<ul style="list-style-type: none"> Developing strategic direction for ECH – and to ensure sign up by key stakeholders Ensuring/facilitating the development of a market which is sustainable and based on locally identified need. Ensuring agencies are working in partnership
Service Users and Carers/older peoples Forums etc	<ul style="list-style-type: none"> The provision of ongoing input to help shape the development of the strategy and future services Ensuring the consideration of older people's needs and aspirations.
Elected Members	<ul style="list-style-type: none"> Ensuring members are champions of ECH for the authority
Development and Implementation	
Planning (Local Authority and Regional)	<ul style="list-style-type: none"> Assistance with identifying and designating possible sites for development Ensuring that plans submitted to the authority adhere to the LAs ethos of ECH, meet minimum standards, and respond to locally identified need Ensuring that key individuals are aware of impending applications Assist/guide key individuals through the planning process
Local People	<ul style="list-style-type: none"> The provision of input into the design and nature of the scheme Ensuring that the support of the community in the development of the scheme²⁹.
Service Users and Carers	<ul style="list-style-type: none"> Shaping the nature of the scheme and services to be developed
Specialist Interest Groups	<ul style="list-style-type: none"> Ensuring input from key groups to shape nature of scheme if developed for minority community. This may be Black and

²⁹ Brighton and Hove District Council brought together a local community and involved them in the planning of an extra care scheme which was being developed to replace an existing residential care home

	Minority Ethnic groups, faith communities or groups with specialist interest in older people, e.g. co-housing movement.
Health, Care and Supporting People Provision	
Elected Members	<ul style="list-style-type: none"> ▪ Ensuring elected members are 'brought on board' early in the development of thinking about ECH and the implications for other services and accommodation, e.g. sheltered housing. ▪ The prioritisation of the need for the development of ECH in the authority. ▪ The provision of support to individual schemes being built in individual wards.
Media	<ul style="list-style-type: none"> ▪ Promoting the development of ECH schemes ▪ The advertising of individual schemes ▪ The reporting of the success of schemes
Architects/Surveyors/Development Staff	<ul style="list-style-type: none"> ▪ Ensuring that the concepts surrounding ECH are reflected in the design and build. ▪ Providing architectural expertise in the design of schemes; both in creating environments that are sustainable, provide homes for life and address the specialist needs of older people. ▪ Development of workable relationships with building contractors to ensure that the finished building mirrors original plans.

Role of the Homes and Communities Agency

The Homes and Communities Agency (HCA)³⁰ is the national housing and regeneration agency for England, with an annual investment budget of more than £5bn. It is a non-departmental public body and their sponsor government department is Communities and Local Government (CLG). The Agency combines the land and property expertise of English Partnerships, the Housing Corporation's track record of delivering affordable homes and the Academy for Sustainable Communities' knowledge of creating and renewing high quality places.

The total financial resources directed by the Agency in 2008-11 across the Country total approximately £18 billion. Much of this is committed within existing programmes and processes which include:

- Affordable Housing Programme 2008-11, including shared ownership, HomeBuy
- Housing Private Finance Initiative
- English Partnerships Programmes
- Housing Market Renewal

The Single Conversation³¹ is the Agency's most important business process – it is the way in which they agree and secure delivery at the local level in support of national objectives.

³⁰ <http://www.homesandcommunities.co.uk>

³¹ <http://www.homesandcommunities.co.uk/singleconversation.htm> The term 'Single' Conversation refers to its comprehensive coverage including the full range of housing, infrastructure, regeneration and community activities. It draws on the priorities for a local area as set

By working in an open and transparent way with local authorities and others the Agency aims to become local government's best delivery partner, abling to secure more and reach better outcomes for each place.

The conversation will draw on the long term comprehensive priorities set out in the Leicestershire's Sustainable Community Strategy 2008 and make best use of the Agency's ability to join up decision-making across the range of housing and investment programmes. It will form the basis of their major investment decisions. HCA have a strong regional structure and will ensure that local decisions, e.g. the development of Extra Care Housing, support agreed regional strategies.

Government and existing agencies have taken significant action to respond to the market downturn and bringing forward affordable housing expenditure to support construction. The HCA will continue to deliver these initiatives and to develop, with Government, proposals for strategic investment, which makes flexible use of their powers in respect of land and finance to help households and raise productivity.

Following meetings with the HCA, they have expressed a clear preference to the County Council to invest in Registered Social Landlords and to consider investment into Extra Care schemes which incorporate communal facilities, e.g. pharmacy, fitness suites, activity areas, that could be used by the local community would be more favourably viewed when undertaking evaluations of schemes that have been submitted for grant funding.

Implementation of Extra Care

Successfully Implementing Extra Care Schemes

The successful implementation of Extra Care schemes³² in Leicestershire will depend on a range of factors, these include:

- **Location:** This is very important as it can mean the difference between a scheme and its residents integrating and becoming part of the community, or remaining segregated and isolated (see Appendix One).
- **Internal and external design:** Consultation on the design of the scheme will be essential, as it is easy to make assumptions about what older people want. Aspects of the internal and external environment can have the effect of enhancing or diminishing the ability for an older person to have a home for life. The design of an Extra Care scheme should adhere to a number of minimum requirements.

Schemes developed for specifically specialist groups need to have further consideration to certain elements of design. This may not always be simple, as design

out in key local plans and is an ongoing, evolving and dynamic process. It will always be a negotiation and have at its core, shared visions and objectives for places.

³² Care Service Improvement Partnership, The Extra Care Toolkit, Implementing Successful Extra Care Schemes

features that may work well for people with dementia may not work for people with visual impairment. Effective partnerships need to be built with architects who have experience in developing specialist accommodation for older people.

Extra Care schemes should reflect the lifestyle that older people wish to lead and provide accommodation that does not present barriers to ageing but promotes independence and participation.

The following factors should be the main drivers behind the design and development of an Extra Care scheme:

- To provide a 'home for life' as far as practically possible.
 - To create an enabling environment.
 - To be domestic in style.
 - To create a building to be proud of.
 - To enable staff to run and manage building efficiently and to meet care and support needs of residents.
 - To allow individuals to find privacy, comfort, support and companionship.
 - To create a resource for the local community.
 - To provide green and intelligent housing.
- **Use of Assistive Technology and Telecare:** Assistive Technology means any 'device or system that allows an individual to perform a task that they would otherwise be unable to do or increases the ease and safety with which the task can be performed'³³.

Assistive technology and telecare has the potential to achieve costs savings, particularly in the management of acute conditions, but also is key component in the drive to allow people the choice of staying longer in their own homes. An additional benefit is that patient autonomy will be increased in that patients will play a more active role in the management of their own conditions³⁴.

Within the Extra Care scheme assistive technology, telecare and telemedicine can provide a platform by which schemes can support not just the residents of a scheme itself but also the people in need of care and support within the wider community through monitoring and/ or a call out service.

- **Management of the scheme:** Extra Care housing is a growing and developing area and one where there is already a wide diversity of schemes. Therefore, skills, experience and knowledge of managing these schemes will need to be carefully considered, (this is explored further in the next chapter).
- **Delivery of care and support:** In Leicestershire, the delivery of care within an Extra Care scheme will require consideration of how that care will be commissioned, provided and how to calculate the hours of care required. The features that are common to delivering care in Extra Care schemes are:

³³ Cowna, D & Turner-Smith, A (1998). The Role of Assitive Technology and Alternative Models of care for Elderly People. Centre fpr Rehabilitation and Engineering. Kings College London

³⁴ House of Commons, (2002) Delayed Discharges. Third Report. The Select Committee on Health

- The separation between housing and care provision. This is important to reduce the risk of being seen to provide accommodation and care together.
- The occupant would have two contracts, one with the housing provider for the accommodation and related services and a separate agreement for care. Under current arrangements, an occupant could hold a third contract for support services. The occupier would be under no obligation to receive care from the provider on site, but more often than not will do so for convenience and because availability of care on site was one of the reasons for moving into the scheme.
- **Management of allocations and maintaining a balanced community:** The criteria for entry to an Extra Care scheme would need to be decided upon well before the opening of any scheme. This would be discussed and agreed between all the commissioning partners, including the health authority.

When deciding on allocations policy all partners need to be represented and any conflicting organisational objectives made explicit early in the process. In particular when there are tensions between providing resource for the most frail or those with high mental health needs as compared to those who are less incapacitated. Another instance might be where housing officers may be concerned to fill voids as soon as possible, while care managers may want to delay allocation to ensure a balanced community.

For schemes, which aim to provide a home for life, the balance of dependency within the scheme can only be managed on entry, and people will remain, as they get more dependent. This might mean that newly available places may be assigned to people who are relatively able. The scheme manager, in consultation with the allocations panel, will know that level of dependency is appropriate in a potential new occupant. The allocation decision would be clearly understood by all involved.

Where schemes have been developed purely by public subsidy and provide accommodation at a social rent, applicants will usually be required to go on the housing register and will be in housing need. Applicants will usually have some care and support needs.

An example of good practice is Leicester City Council, who have produced guidelines for social care and health staff when making referrals to Extra Care and sheltered housing.

- **Extra Care for Black and Minority (BME) elders:** Provision of Extra Care schemes that reflect the needs and lifestyles of older people from an ethnic minority within their immediate neighbourhood have up until recently been progressively slow. Recent developments, have largely been driven by Black and Minority Ethnic voluntary organisations and some funded in part by the Extra Care Housing Fund or the Social Housing Grant.

The current demand for the BME Extra Care housing far outstrips provision³⁵. A survey carried out by PRIAE³⁶ in 2005 of Housing Commissioners and Providers states the need to urgently stimulate the housing provision for Extra Care to BME elders.

There are a number of issues we need to consider for the provision of Extra Care to BME elders:

- Steps need to be taken to respond to diverse needs from more affluent older people by influencing private sector developments.
- Existing residents in schemes are not all open to an equalities and diversity agenda. Measures must therefore be put in place to ensure that proper support is given to BME elders living in Extra Care accommodation.
- Consultation needs to take with diverse communities to establish their housing and care aspirations.
- Work with older people from diverse communities to develop generic housing models that all older people would want to live in.
- Work needs to be carried out with older people from diverse communities to develop generic housing models that all older people would want to live in.

Management of Extra Care

Key Factors in Managing and Extra Care Scheme

Managing Extra Care Schemes in Leicestershire will be influenced by three key factors:

- The ethos that a provider organisation ascribes to Extra Care.
- The objective that a provider organisation wants a scheme to achieve.
- The background that a manager brings to their role.

If schemes are to achieve the concepts of delivering Extra Care in Leicestershire, skills will be required in the following areas:

³⁵ Survey by PRIAE of Housing Commissioners and Providers (2005). MEC UK. Research Summary Briefing

³⁶ PRIAE – Policy Research Institute on Ageing & Ethnicity

- Care management
- Housing Management
- Health symptoms recognition
- Building communities
- Managing staff, funding and finance
- Marketing and promotional skills
- Design

The Role of the Housing and Care and Support Providers

Housing Providers

The housing providers may be selected as preferred partners following a joint selection process, or may approach the County Council and relevant district council with proposals where a suitable site is identified. Usually, they will be Registered Social Landlords, possibly working in partnership with another developer.

The housing provider will receive any capital grant monies, and procure and subsequently own the resulting buildings. The design of the buildings will be agreed jointly by parties to the individual scheme, including the Commissioners. Funding from the HCA in the form of Social Housing Grant (SHG) may be available, if a scheme meets the HCA's criteria and sufficient funding is available.

Where Registered Social Landlords are the housing provider, they will be required to follow Homes and Communities Code for Sustainable Homes, have rents restricted by the Local Housing Benefit regimes and meet a number of financial and other requirements.

Care and Support Providers

Care and support providers used by the County Council for Extra Care schemes will be required to undergo a thorough accreditation process and once services are in place, they will be monitored through the relevant contract monitoring framework.

Should a service fail to meet the required standards set out within the service specification, the Council will work with the Service Provider to improve the quality of the service. If the service fails to improve the Council will consider introducing appropriate measures to ensure standards are maintained³⁷ in delivering the service or terminate the Agreement, in which case alternative will be identified.

Care service providers providing personal care are registered with the Care and Quality Commission and are regulated to ensure that they provide appropriate care and each person responsible for the delivery of care is fully aware of the requirements of the National Minimum Standards (Domiciliary Care). The Service Provider must comply with all registration and inspection requirements prior to commencement of services.

The care provision will involve of some or all of the following services:

³⁷ Leicestershire County Council, Social Services Department, Revised Service Specification, Domiciliary Care Services Contract, Extra Care Scheme 2009

- Personal³⁸/Social Care
- Domestic tasks, including shopping, laundry, meal preparation
- Rehabilitation/Teaching of Independent Living Skills
- Carer support, including night sitting and respite care

Balancing care and housing needs in Extra Care schemes³⁹

Table 1

Role of Manager	Advantages of Approach
The scheme manager as a housing manager	
<ul style="list-style-type: none"> ▪ Manages the building – including lettings and tenancy issues. ▪ Manages cleaning staff and co-ordinates building related services, e.g. repairs and maintenance, gardening etc. ▪ Liases with care and support or other service providers. ▪ May manage catering staff and handyman service. ▪ May manage low level preventative liaison services, including supervision and provision of facilities and management and recruitment of volunteers. 	<ul style="list-style-type: none"> ▪ Separation of accommodation and care is more congruent with community care principles ▪ Commissioners are less likely to insist on registration. ▪ Separating care and support ensures that housing support services in the shape of low level preventative interventions are not lost .
The scheme manager as housing and care manager	
<ul style="list-style-type: none"> ▪ Is involved with staff from partner agencies in allocating places. ▪ Has line management responsibility for both care and support staff. ▪ Probably involved in deciding whether people meet eligibility criteria for the scheme. ▪ Liases directly with social workers to increase or decrease care hours as appropriate. ▪ Is responsible for community building within the scheme. 	<ul style="list-style-type: none"> ▪ Avoids danger of differential disputes between care and support workers. ▪ Gives control of quality of care – ensures that the philosophy of independent living will be adhered to. ▪ Provides a seamless service.

Characteristics of care and support provision in an Extra Care scheme

³⁸ Definition of 'Personal Care' is defined as undertaking any activity which requires a degree of close personal and physical contact with a person, regardless of age, who for reasons associated with disability, frailty, illness or personal physical capacity are unable to provide it themselves without assistance. (NATIONAL MINIMUM CARE STANDARDS FOR DOMICILIARY CARE) – Care Standards Act 2000

³⁹ Care Services Improvement Partnership, The Extra Care Toolkit, Management of Extra Care

Although models of care and support provided within an Extra Care scheme can vary, how the care and support should be provided should have some key characteristics, these are:

- **24 hour Care and Support Teams:** What makes Extra Care distinct from other forms of supported housing is the 24 hour presence of a care and support provider.
- **Flexible and Responsive:** Flexibility should be built in to the planning process in order to enable staff to respond to temporary fluctuations in the need for care.
- **Independence Promotion:** Supporting independence is central to Extra Care. This means supporting people to do things for themselves rather than doing things for them.
- **Holistic Care:** In addition to providing personal and practical care, there is the importance of adopting a holistic approach and providing effective and appropriate social and leisure activities to encourage, independence, healthy living and maintenance of lifestyle and well-being.
- **Balance of Needs:** In order to create balanced communities in which there are residents with varying levels of care and support needs, providers will need to manage entry into the scheme in order to maintain this balance.

Some Extra Care schemes have adopted the 'third principle', in which a third of the occupants will have few or no care needs, a third will have medium needs and a third with high level needs.

Funding Extra Care

Funding Options

Leicestershire Extra Care Housing Strategy 2010 – 2015

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Helping to create balanced communities and provide choice to Older People in Leicestershire

Resources and Funding Extra Care

The development of Extra Care in Leicestershire will be divided between capital and revenue costs. The main sources of expenditure that will need to be considered for a proposed scheme will be:

Table 1

Capital Costs	Revenue Costs
Build or Purchase Costs	Care Costs
Land Costs	Housing Costs
Architects Fees	Support Costs

Set out below is some of the capital and revenue possibilities, which indicate where the resources may come from:

Capital Resources

There are four principle types of capital resources for buildings:

- **Land:** For social housing schemes such as Extra Care developments it is usual for land/buildings owned by the public sector to be provided at discounted value or even at no cost.
- **Core capital:** From public and private finance. The majority of Extra Care developments rely on varying mixes of:
 - Social Housing Grant (SHG) – mostly available to Registered Social Landlords, but now possible for private developers as well.
 - Private Finance – the developer borrows part of the cost, which is re-paid either from sales, the rental stream including any rents on shared ownership properties, or equities growth at point of resale or similar mechanisms.

The majority of Extra Care schemes built in recent years have depended on combination of these three types of finance. It is possible to have all three sources funding one scheme.

- **Sales:** Extra Care schemes built entirely for sale are by definition funded by the proceeds of sales. It is increasingly seen as desirable to offer some Extra Care for sale in social housing:
 - - For demographic reasons.
 - To create a balanced community.
 - Meet demand.
 - Meet needs of asset rich, cash poor older owners.
 - Offer a choice.

It may also be necessary to sell a proportion of dwelling to achieve financial viability. The impact of selling some properties would be:

- The receipt from properties sold reduces the amount of borrowing required.
 - The extent to which the market value of dwellings sold exceeds costs the 'profit' element can be used to subsidise the provision of dwellings for rent. Some social housing developers view this as a means of funding or part funding extensive communal facilities.
 - Sales may be outright or on shared ownership terms. Shared ownership allows sales to be tailored to the financial circumstances of individuals. For example, owner-occupiers moving from a poor condition property may choose this option over renting and the sale of their property is reinvested in new property.
- **Miscellaneous Capital:** Finally, there are a variety of resources that usually play a more minor part in funding schemes, but occasionally a large part. They include:
- Charitable donations – some organisations that specialise in care or housing for older people attract support for new developments, particular facilities or equipment.
 - Developer's own resources.
 - Section 106 agreements whereby private developers make available part of the site for social housing or contribute an equivalent resource.
 - Business activity – in very large developments some services may produce a modest surplus.
 - Primary Care Trusts – may fund health related facilities

Development Options for Extra Care scheme

There are a number of ways of developing of Extra Care schemes open to Commissioners:

- **Partnership with Registered Social Landlords (RSL):** An RSL is a housing association or a not for profit company registered by the Homes and Communities Agency to provide social housing. RSLs run as a business but do not trade for profit. To meet capital costs of a build they can raise private finance, access grants, or use receipts from sale of units. RSLs will also look to other methods of financing, including capital contributions from partners, i.e. the local authority and PCT. The most common contribution from local authorities is land at nil or discounted value.
- **Partnership with an RSL and the independent sector:** Partnerships between RSLs and the independent sector are becoming more common in mixed tenure Extra Care developments. It is possible that there may also be a growth in three way partnerships, particularly across capital and revenue costs.

- **Capital programme funded through Private Finance Initiative (PFI)⁴⁰:** PFI would involve the Council entering into a long-term (25-30 years) service contract with an independent sector provider. The Council defines the standards of Extra Care and the outcomes it wishes to achieve. It may retain certain powers of control, e.g. retaining nomination rights over property to let or allocation and sale policies.

To ensure value for money, potential developers compete for the build contract and raise the necessary funds. The Council pays for the service on an annual basis over the course of the contract. Tenants remain secure tenants with all their usual rights. The Government helps meet the costs of the capital element of the contract by providing PFI credits. Projects will only be approved if the Council can demonstrate that it offers good value for money compared with direct investment, and that all stakeholders – including potential tenants or leaseholders – have contributed to the plans. Some authorities have been put off by expensive legal and contractual costs.

This approach enables a local authority to achieve a number of new or remodelled developments within one contract, with the potential for efficiency savings and a consistent approach to the quality of design and services through a long-term partnership with one provider. It also transfers elements of risk that can be better dealt with by the private sector.

- **Section 106⁴¹:** Extra Care can be incorporated as part of Local Authorities Section 106 requirements from private developers of any large new housing development, if it recognised as strategic priority within the local district or borough.
- These agreements require the developer to make available a proportion of a site or dwellings for affordable housing as a condition of planning. Agreements reached may either be in the form of a scheme built by the developer and then handed over to a provider to run, a handover of land at subsidised or nil cost to a specialist provider, the local authority to build a scheme, or a monetary contribution which can be put towards future developments.

Revenue Funding

The key to ensuring the viability of an Extra Care scheme is making sure there are identifiable revenue streams available to meet the costs of providing the housing related support and care services. In general, ongoing revenue funding is required for:

- **Care costs⁴²:** In the social housing sector, it is usual for Adult Social Care to meet the costs of the provision of domiciliary care for service users who qualify for assistance through means testing. Self-funding (leasehold) tenants would be responsible for the costs of their care until their capital assets reached the level at which they would be eligible for financial assistance. Increasingly a number of

⁴⁰ Care Services Improvement Partnership, The Extra Care Toolkit, Funding Extra care

⁴¹ Care Services Improvement Partnership, The Extra Care Toolkit, Funding Extra care

⁴² Care Services Improvement Partnership, The Extra Care Toolkit, Funding Extra care

authorities are requiring tenants residing within Extra Care schemes to use their attendance allowance as a contribution to their care costs.

- **Housing Costs⁴³ (including rent and service charges, meals and maintenance and repairs):** Housing Benefit will cover the rent for those who are eligible and some additional services. If not, residents themselves will be responsible for rent, accommodation service charges, and support charges. Supporting People may cover some of the housing support service costs, e.g. alarm service or scheme manager. Attendance allowance and disability premiums will also help cover the cost of domestic assistance for those eligible. The responsibility of maintaining the properties will usually fall to the landlord who will cover such costs, normally through the accommodation service charge.
- **Attendance Allowance:** Attendance Allowance a non-contributory, non-income related and non-taxable benefit for older people who are so severely disabled, physically or mentally, that they need someone with them to help with personal care. This could be either during the day or at night.

There are two rates of Attendance Allowance. A claimant who needs help both during the day and at night can get the higher rate of Attendance Allowance. A claimant who needs help either during the day or at night gets the lower rate.

It is an important benefit for older people as it is available to all and not means tested. It is expected that a significant proportion of residents in Extra Care are eligible for this allowance.

The Cost Effectiveness of Extra Care

The cost effectiveness of Extra Care in relation to residential care is a complex calculation because of the implications of financial resources available to individuals, differences in calculating unit costs and the impact of whether carers would be able to continue to offer care.

Extra Care provides a service that fits between traditional care in the community and traditional residential care. Extra Care enables individuals to maintain a good quality of life in the community, rather than going into residential care.

The care costs for traditional residential care are all paid for by the local authority, including non-care costs such as premises, provisions etc. Extra Care gives the opportunity to access other sources of funding, such as benefits and allowances to cover non-care costs. Maintaining customers in the community, rather than in residential care reduces the dependency and its associated cost. The table below⁴⁴ illustrates other sources of funding:

⁴³ Care Services Improvement Partnership, The Extra Care Toolkit, Funding Extra care

⁴⁴ Extra care Housing Strategy for OLder People in Warwickshire: Care and Coice

Table 2

Type of running cost	Potential source of funding
Accommodation (e.g. rent and housing management)	<ul style="list-style-type: none">▪ Housing Benefit▪ Personal Income (pension, pension credits, savings, etc)
Housing support	<ul style="list-style-type: none">▪ Supporting People▪ Personal Income
Personal expenses (e.g. utility bills)	<ul style="list-style-type: none">▪ Personal income▪ Benefits and allowances
Personal and Telecare	<ul style="list-style-type: none">▪ Local authority funding/individual budgets and direct payments▪ Client contributions▪ Self funded care▪ Attendance allowance

Charges to customers (under Fairer Charging) are disproportionately less than charges for residential care (under Charging for Residential Accommodation Guide) because fairer charging is calculated on lower (i.e. subsidised) costs and lower assessed income levels due to disregarded income.

Overall, the cost to the local authority of Extra Care is lower than the cost of residential care as funding can be found from other sources. It is also evident that those older people living in Extra Care with a low income are left with more personal allowance after meeting housing and care costs.

This is evidenced by a Joseph Rowntree study carried out in 2002⁴⁵, which compared the financial circumstances of people who were similar in terms of their care needs but some of whom lived in residential care and some in very sheltered housing (Extra Care). It found that disposable income, (after accommodation, living, care and support costs had been paid for) was higher for the very sheltered housing tenants and that for social services it can be a very favourable cost option due to economies of scale and the role of housing benefit.

Cost effectiveness can be greatly improved by careful financial modelling at the onset of development, which can ensure that a scheme consists of the right number of units, mix of tenures, and facilities to make it economically viable. The summary of key actions (below) will look at cost comparisons in more detail.

Impact of the Recession on Extra Care

It is possible that the new purchasing and rental arrangements occasioned by the recession and resulting from the inability of older people to sell their own homes will

⁴⁵ Cost Effectiveness of Extra Care, The Extra Care Toolkit, Care Services Improvement Partnership Joseph Rowntree (2002). Is enhanced sheltered housing an effective replacement for residential care for older people

embed as permanent features of a new financial landscape within the Extra Care home sector.

Provision for people on low incomes is almost exclusively delivered by the public and not for profit sectors and is targeted at people supported by benefits, who will take up social and affordable Extra Care Housing options. What is clear is that the needs of those who may have housing equity but who cannot realise it or whose assets are insufficient to buy in to private developments, will become more complex and more difficult to meet under existing arrangements and solutions will be needed to deal with this.

Development Opportunities

The development of additional Extra Care Housing

The development of additional Extra Care Housing can be taken forward in four different ways:

- Upgrading existing 'frail elderly' schemes to an Extra Care Housing model.
- Developing 'core and cluster' models of Extra Care service delivery in the vicinity of existing Extra Care schemes.
- Identifying sheltered housing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver Extra Care.
- Identifying suitable development sites for new build initiatives, in which sites may need to be made available at discounted values (without such capital contributions schemes could be non-starters).

Upgrading existing 'frail elderly' schemes to an Extra Care Housing model.

Two schemes have been upgraded

- Gretton Court in Melton Mowbray in 2006
- Clover Court in Market Harborough in 2008

In both cases this involved introducing a block care contract, adopting a new allocations policy and introducing a partnership panel approach to allocating void properties. In total this has added an additional 68 Extra Care Housing units to the county stock.

Developing 'core and cluster' models of Extra Care service delivery in the vicinity of existing Extra Care schemes

Extra Care offers an opportunity to develop 'core and cluster' service models into local communities. Intensive home care can be provided as part of a local system of enhanced support, both to people living within the Extra Care Housing scheme, and for people remaining at home in the local community.

This model not only enhances the delivery of care at home, but also opens up opportunities to link older people into other services provided in Extra Care schemes, such as meals provision and social activities.

The 'core and cluster' model for Extra Care can be used as a vehicle for social engagement and community cohesion. This again will impact by reducing the numbers of people needing to move into residential care.

- The Gretton Court development task group in Melton is looking to develop this model into the neighbouring sheltered housing schemes.
- Seven Locks Housing is interested in developing a similar service model at Clover Court to deliver to neighbouring bungalows in the vicinity. It is anticipated that this model will not only help maintain more people in their own homes, but will help minimise unit costs of services, therefore contributing to better affordability.

Identifying sheltered housing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver Extra Care

There are a number of schemes that fit into this category, but progress has been slow due to three fundamental reasons:

- The stock options issue involving stock transfer or the creation of an arm's length management organisation severely delayed progress in four districts.
- The lack of capital funding opportunities to invest in upgrading.
- The pragmatic issues of disruption to residents during the upgrading works.

Identifying suitable development sites for new build initiatives

Work has been progressing with the districts, through their strategic housing and forward planning functions, to identify possible suitable development sites for Extra Care Housing. This has been a difficult process as most sites identified have been problematic, usually because of poor location. However, forward planners are now considering Extra Care Housing as a requirement in their local planning frameworks, and are taking a proactive role in identifying suitable sites.

Private sector developers are also active in new build initiatives, and a number of possible developments are currently being discussed or have gained planning consent. These are described in more detail in the following district profiles.

District and Borough Profile for Development Opportunities

Discussions have taken place with each District and Borough Council to identify the potential for working together to use existing schemes or to identify alternative sites for Extra Care development. Progress is being made in three ways:

- Identifying sheltered schemes suitable for upgrading/refurbishment.
- Identifying schemes and other older people's properties that could be incorporated into existing Extra Care service models under a 'core and cluster' model.
- Encouraging private sector developers to build new schemes.

Blaby District

- **Social Sector – Three Oaks Homes**

The audit of sheltered housing in Blaby revealed a significant amount of stock that could be suitable for refurbishment or remodelling into Extra Care Housing. Some of this would be suitable for the 'core and cluster' model.

Officers from the Council have met with the Chief Executive from Three Oaks Homes, the RSL which the Council's housing stock was transferred from in November 2008. There is interest in upgrading services, as a considerable proportion of the stock is designated for older people. Some of it is difficult to let and may have potential for being remodelled, refurbished or possibly replaced

Social Housing Sector - VISTA

VISTA is a charitable organisation and owns and manages the Kathleen Rutland Residential Care Home in Leicester Forest East, Blaby. It occupies a four-acre site, well located to access local facilities. It provides residential care and independent housing to people with visual impairment. The decision has been taken that the current scheme is outdated in terms of the accommodation offered and needs to be replaced.

Approved by the Management Board VISTA has developed a plan to demolish the majority of the buildings on the site and replace them with Extra Care Housing and a specialist residential care home for people with very intensive care needs. This development would be for people with sensory impairment, with the expectation that the majority of residents would be older people.

The proposal for the redevelopment of the Kathleen Rutland site would meet a strategic need for a client group having very specific specialist needs. This scheme would attract people from a much wider catchments area than Blaby, and it would be seen as a county-wide resource for people needing these specialist services.

VISTA has selected Hanover Housing Association as its preferred development partner.

Capital investment needs to be found for the rebuilding of a residential care home and the development of Extra Care Housing units. There have been difficulties in finding capital investment for the former that has led to delays in the site being re-developed.

- **Social Housing Sector – Anchor Trust**

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Anchor Trust, a national supported social housing provider, has ownership of a site on Hinckley Road in Sapcote with existing planning permission for retirement accommodation. The development is for 212 leasehold housing units, consisting of 89 detached houses and bungalows alongside 123 leasehold flats. Communal facilities on site are proposed, including a village hall, café/bar, and a health and fitness club. A care team will be based on site 24 hours a day. Anchor Trust is funding this development, although development of this site has not progressed because of the current economic climate.

Charnwood Borough

- **Council Stock**

Charnwood Borough Council formed an Arm's Length Management Organisation (ALMO) to manage its stock in 2007. The strategic housing function remains with the Council, and meetings have taken place between the County Council Borough Council to consider the future remodelling of some stock.

A sheltered scheme, Fielding Court, in Loughborough has been identified as having potential for upgrading to an Extra Care Housing model.

A sheltered housing scheme in Syston has also been identified as a possible remodelling or new build initiative, but with adjacent vacant land in the Council's ownership.

The Borough is still carrying out further reviews for the viability of these developments.

Charnwood has a number of sheltered housing schemes with a significant number with poor design standards. The Council has produced an Older People's Housing Strategy, April 2009.

Harborough District

- **Council Stock**

Harborough District Council transferred its stock to Seven Locks Housing Association in December 2007.

A partnership with Seven Locks Housing resulted in the upgrading of Clover Court to Extra Care Housing standards.

Further discussions are planned with a view to reviewing the future of its sheltered housing stock. It is unlikely that any remodelling will occur in the immediate future, as it is not part of the current business plan.

Considerations are being given to introduce the 'core and cluster' model at Clover Court to include bungalows around the scheme.

- **Private Sector – Prime Life Ltd**

Prime Life Ltd has a 12-acre site in Market Harborough with planning consent for a close care⁴⁶ residential/independent living unit model. It is proposed that a specialist home for people with dementia and additional residential care facilities are built on the site along with 32 Extra Care Housing units, some with two bedrooms and some with one bedroom.

The developer is open to the idea of developing flexible purchase arrangements, including renting at first until the resident's own property is sold before purchasing a lease.

- **Private Sector – Copperfield Ltd**

The Copperfields Hotel site is being looked at for the provision of somewhere between 40-60 units of Extra Care Housing. Talks with the developers have been encouraging. A RSL will need to be selected, and this will form part of the discussions. However, the developer has not progressed this due to the current economic climate.

- **Private Sector – Scraftoft Hall Retirement Village Ltd**

Planning permission has been granted for 97 leasehold units. No affordable units were insisted upon by Harborough District Council as there are abnormal development costs at the site, due to the need to refurbish a listed building, and the Council were keen to have the site improved. No further progress has been made on this development.

Hinckley & Bosworth Borough

- **Council Stock**

Hinckley & Bosworth Borough Council decided to retain its own stock as it has met the decent homes standard. One of the priority areas for Extra Care in Leicestershire is the borough of Hinckley, as no scheme exists at present. Plans are in progress to consider the old Hinckley College site located centrally and within easy walking distance to the town centre, although alternative sources of funding are still to be identified.

The Council has some sheltered housing that would benefit from being upgraded. Armada Court was identified as a suitable scheme for refurbishment and upgrade to Extra Care Housing standards. It is currently a traditional sheltered housing scheme of 70 rented units. Officers from the county and the district worked on a bid for

⁴⁶ The term close care usually covers the type of care associated with that provided in a residential nursing home, whilst the descriptions 'sheltered housing' and 'assisted living' cover something less than that, but is still an 'extra'.

funding through the Department of Health (DoH) to upgrade the building and improve the facilities. The bid was not successful, but the feedback from the DoH was useful in understanding the need to have a significant health input into future service models. The need for a fully worked out decant programme for the duration of the works was also identified (and will be an issue in any future refurbishment programme).

Work is being carried out with Housing 21 on a potential Extra Care scheme in central Hinckley, providing around 50 units of accommodation.

- **Private Sector - Marcity**

A private developer as a possible site has promoted an ex-convent site in Stoke Golding for Extra Care Housing. The county is not supporting this development for affordable Extra Care Housing due to the location of the site and the absence of any local facilities.

Private Sector – Kirby Grange

This is an existing retirement village, but the managing agent went bankrupt after the development was marketed and the units sold, with the consequence that there are no support services on site. Hinckley and Bosworth Borough Council is looking at ways of closing this gap. There has also been a proposal from a developer to convert Polebrook House on the site into Extra Care Housing units.

Melton Mowbray Borough

- **Council Stock**

Melton Borough Council is retaining its housing stock as it will meet the decent homes standard.

There are opportunities to work with Melton Borough Council on developing more Extra Care Housing, by building on current services and upgrading some traditional sheltered housing.

Discussions have taken place regarding the feasibility of redeveloping Granby House in Melton Mowbray. A costing exercise looked at refurbishing the building and providing a kitchen and dining room (in the form of a conservatory), and to reutilise the (now redundant) shared bathrooms as office accommodation for care staff.

The discussions also considered using Granby House to expand into Extra Care Housing and dementia unit. The main cost implications would be refurbishing the building because of its age and quality. A feasibility exercise is still in progress. The outcome of the exercise will decide whether Granby House has potential for redevelopment.

Extra Care and support services such as social activities and communal facilities provided at Gretton Court, in Melton have been extended to people living in a neighbouring sheltered housing scheme, Wilton Court. However, further expansion of

Extra Care provision at Gretton Court is unlikely because it is located in a flood risk area.

- **Leicestershire County Council Land**

The Silverdale site in Melton Mowbray, currently owned by the County Council, has been identified as having potential for Extra Care Housing.

North West Leicestershire District

- **Council Stock**

North West Leicestershire is to retain its stock as a 'test of opinion' indicated that a positive vote to transfer the housing stock would be very unlikely.

Through the audit of sheltered housing a number of schemes which are suitable for change of use, refurbishment or remodelling were identified in North West Leicestershire. More work is needed on reviewing existing stock to identify specific schemes.

- **Social Housing Sector – Kane Close**

The County Council recently sold this site to East Midlands HA (EMHA) for housing development. It is a land locked site with all access points already in the ownership of EMHA.

Discussions have been held with EMHA who would be interested in developing the site as an Extra Care Housing development. It is centrally located in Coalville (a priority area for Extra Care Housing), would contribute towards the regeneration of central Coalville, and would qualify for Homes and Communities Agency (HCA) housing grant. However, as the site was sold to EMHA at market value the HCA would be looking to the Council to make a capital contribution towards the development costs.

- **Private Sector – Rushcliffe Care**

Rushcliffe Care has planning permission for the building of 17 assisted living units for sale near Ashby.

Oadby and Wigston Borough

- **Council Stock**

Oadby and Wigston Borough Council have made a decision to retain its stock, as it will meet the decent homes standard.

The audit of sheltered housing in Oadby & Wigston failed to identify any sheltered housing that could be easily turned into Extra Care Housing.

- **Social Sector**

Oadby & Wigston Borough Council owns a pavilion and sports playing field in Wigston. The site on which the pavilion stands is probably large enough for an Extra Care Housing development with a community centre for the use of the local community. It is well located, and has great potential. No detailed discussions have been held regarding developing this further, except for a site inspection by the Council and Housing Solutions Group (provisional strategic partner).

- **Private Sector – Prime Life Ltd**

Prime Life Ltd own Holmes House in Wigston. There is currently has planning consent for the building of 12 flats in the grounds. Subject to the development of a service model there is potential for these flats to become part of a close care model with services provided from Holmes House.

Upgrading Existing Sheltered Housing Schemes

Supporting People

The Supporting People Programme in Leicestershire will be carrying out a Strategic Review of Older People services in 2010. The Strategic Review includes sheltered housing and other accommodation based services, floating support services, community alarms and Home Improvement Agency services.

The current model of service delivery does not always provide support to people based on evidence of need and with the exception of one floating support service, is accommodation based and therefore support is tenure specific. This means that some support is being funded for and provided to people who have no desire or need for a support package, and the majority of those who are in other tenures of accommodation, such as owner occupiers, are unable to receive support through housing related support services for Older People. The Strategic Review aims to address this imbalance and gain improved choice for older people by achieving better targeting of Supporting People funding to meet need and desired outcomes.

Housing and Support for Older People

The Housing and Support for Older People Project carried out an audit of all social sheltered housing in Leicestershire, one aim being to identify sheltered housing schemes that may be suitable for refurbishment or remodelling as Extra Care Housing.

Most of the sheltered housing stock in the County is in the ownership of District or Borough Councils and newly formed Housing Associations created through stock transfers.

The timing of potential developments in each area will vary depending on their stock transfer arrangements. It is envisaged that the balance of Extra Care needed to meet needs in future could materialise through this strategic review.

Commissioning Services

Procurement and Commissioning

To ensure that Extra Care services are successfully implemented in Leicestershire, the procurement process will need to be clear from the onset about the precise specification needed for tendering. However, commissioners will need to be careful - with the emphasis on increased choice for customers through the personalisation agenda; they cannot be as specific on their requirements as they could previously.

Once commissioners are clear about what type of Extra Care service needs to be commissioned a number of procurement tools⁴⁷ are available to tender for the service, these include:

- **Framework agreements:** This process selects a range of providers based on pre-agreed terms and conditions, including price, from whom work can be 'called upon' as it becomes available during a programme of developments. This process requires clear objectives from the start and still might need another selection process.
- **Open Tender:** This process is an open competitive tender to select the most suitable provider for each development, usually be a one-stage process.

⁴⁷

- **Restricted Procedure:** This process restricts the number of providers reaching the competitive tender stage by an initial Pre-Qualification Questionnaire stage.
- **Competitive Dialogue:** This process can be used for the awarding more complex contracts where commissioners need a dialogue with providers to reach appropriate design solutions. This can be time-consuming and strict rules have to be followed on post-tender discussion.
- **Partnership Arrangements:** The County Council has a leading strategic role in establishing partnership arrangements to enable shared service delivery between other public services and private organisations. This approach will bring the following benefits:
 - Integration of services for customers
 - Access to more funding
 - Better designed solutions
 - Economies of scale
 - Access to scarce skills
 - Community benefits

The majority of Extra Care developments have applied full block contracting arrangements to the care element of their schemes. This option is becoming less attractive with the move towards personalisation. It is important to bear in mind that this has to be balanced against the viability of the scheme and price of care offered by the provider.

Next Steps for Leicestershire

Next Steps for Leicestershire

The next steps for Leicestershire will be to deliver the Extra Care Housing Strategy 2010 - 2015, with a strategic partnership approach that is planned and co-ordinated.

Commissioning decisions will be based on outcome-focussed specifications that will promote increased choice for older people through personalisation. Integral to this will be the need to create a high level steering group to oversee and co-ordinate this programme.

The group could comprise of planning and commissioning leads, but further discussions will take place with partners to finalise arrangements:

- Leicestershire County Council.
- NHS Leicestershire County and Rutland – Commissioning Lead.
- Service Manager - Supporting People.

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- Strategic Housing Leads – District/Borough (7).
- Representatives of Older Persons’ Action Group.
- Representatives from Homes and Communities Agency – Investment Manager.
- Service Manager - Commissioning and Contracting – (Leicestershire County Council).
- Voluntary Sector representative.
- Head of Conveyancing - Legal (Leicestershire County Council).

The steering group will take overall responsibility for leading on key actions to take forward the Strategy. It may well be necessary to extend the membership as and when required in order to have access to specific expertise, e.g. procurement advice when required. The following table is summary of the key actions⁴⁸:

⁴⁸ The Summary of Key Actions have been developed in line with good practice guidelines given by the Care Services Improvement Partnership in developing Extra Care, The Extra Care Housing Toolkit

Summary of Key Actions

1. Engagement and Involvement Plan

The Council will manage a process of consulting with and engaging all relevant stakeholders, so that both the local authority and stakeholders have a clear understanding of the purpose and nature of the strategy. The objectives of plan will be to:

Objectives

- Have common objectives and a shared understanding of what we are doing.
- Explain why we are taking this action.
- A clear understanding of stakeholders roles and responsibility in the process and why their involvement is required.
- Maximise the opportunity for feedback and input in the strategy.
- Work with stakeholders, in particular service providers and service users, to understand the demand for Extra Care locally.
- Develop partnerships with providers to facilitate the implementation of Extra Care in Leicestershire.
- Ensure stakeholders know what is happening, when it will happen and how it affect them.
- A document, which can be shared and used to manage the process of engagement and involvement over the next five years.

2. Forecasting and planning ahead for the demand of Extra Care

Given the demographic changes, both in terms of the growth in the older persons population an in terms of increased longevity of people with a learning disability⁴⁹, the need to plan ahead becomes increasingly important. It is important to consider:

Needs and Demand Analysis

- Potential populations, it is valuable to have some benchmark of overall potential demand particularly in terms of helping to geographically position where accommodation may be most needed.
- Vulnerable or targeted populations, for those who may have specific needs or demands, e.g. an older person caring for another person of similar age in poor housing circumstances, where it is clear that Extra Care would be considerably improve their quality of life now or in the future.
- Known Populations, the Supporting People Strategic Review of Older People services will be undertaken in 2010. The Review will inform us about the current service users and sheltered housing tenants and identify those who may be better served by Extra Care provision, such as:

⁴⁹ Demand for Residential Provision for People with Learning Disabilities by Parrott, Emerson, Hatton & Wolstenholme, Hester Adrain Research Centre, 1997

- Those moving on from sheltered housing because needs are too great to be met within current surroundings.
- Those who move on from retirement housing because accommodation does not meet home for life standard.
- Independent funders in care homes whose ability to fund may be coming to an end or who want to invest personal equity in a form of accommodation.
- Those in care homes funded by local authorities who could have improved quality of life within an Extra Care scheme.
- Those who are 'in frequent' admissions or readmissions into hospital or out-of-hours home care services.

Forecasting Demand

The information to be used to help forecast demand will be:

- Population needs assessment or population profiling, presence of certain characteristics or conditions are reliable indicators of demand.
- Surveys of anticipated future need, national and local research about housing need.
- Service user profiling, further defines need through identifying from amongst populations known to housing, health and social care individuals.
- Analysis of conditional demand, through examining the key issues that influence demand, e.g. what are the real reasons why people move to sheltered housing, or go into residential care.

Process

The process used for forecasting and planning ahead will be:

- Preparation to undertake demand forecasting
- Developing and understanding the baseline
- Establishing hypotheses and identifying key data
- Analysis of future needs and demands

3. Reviewing and mapping current accommodation provision and services

There will be a thorough review of what the local authority provides and the accommodation and services provided by voluntary and independent sectors. The Supporting People Strategic Review of Older People's services and the project on reviewing Elderly Persons Homes in 2010 will undertake this activity. The review will look at:

Assessing Current Accommodation Provision

- What is provided, by whom and where in more detail than outlined in this strategy.
- Assessment of current stock, e.g. quality and accessibility of existing stock, volume of and reason for voids, value of stock etc.
- More thorough detail on the availability of land, what land is available now and in the future for development, including brown field sites for

remodelling.

- Future supply, what is the current and likely future state of the market, is there a monopoly of providers, what is known or can be discovered about the future plans of independent providers of care homes and sheltered housing.

Reviewing and mapping community based support services

There are potentially a wide range of services which may help to sustain people in the community through Extra Care provision. Identifying and mapping services potentially relevant to Extra Care will help the local authority answer a number of questions about current provision, such as:

- Is the current service provision appropriately located
- Is the current provision of a comparable standard
- Is there an over or under supply
- Is the balance of services right
- Is the current service provision viewed favourably by existing service users
- Are the requirements of people with particular needs, e.g. dementia or Black and Minority Ethnic

The review will give us a picture of what accommodation services for older people, including Extra Care may look like in the future. We will need to consider the following issues highlighted from the review:

- Issues concerning the quality of provision.
- Gaps or pressure points in the provision of existing services.
- Overlaps or lack of coordination in the provision of existing services.
- Areas of oversupply or potentially for de-commissioning.

4. Procurement and Commissioning

Clear and effective commissioning plans will need to be applied to the procurement process. These need to be precise from the onset and be outcome-focused, as well promoting increased choice for customers through personalisation. This has been discussed in the 'Commissioning Services' chapter.

5. Developing the financial model

Explore the full range of revenue and capital funding possibilities, particularly in relation to partnership with the private and voluntary sectors. This has been discussed in the 'Funding Extra Care Chapter'. It is anticipated that a combination of free/low cost land on buildings from one of the partners, grant from the Homes Communities Agency where available, PFI and proceeds from the sale of leasehold properties will need to be considered.

- A detailed cost comparison exercise will be carried out on residential care and Extra Services to help develop the financial model.

5. Implementing successful Extra Care in Leicestershire

It is essential not only to ensure that operationally the scheme runs smoothly but also that the scheme adheres to the overall philosophy of Extra Care and delivers its own particular objectives (this has been discussed in the 'Implementing Extra Care' chapter).

6. Operational Policy

Each Extra Care scheme must have an Operational Policy'. This is a key document covering the contracting arrangements for supported housing services. It stands alongside the Contractual Agreements. The policy will inform all interested parties (including prospective tenants as to the nature of the service and how it will be managed, so everyone knows what they can expect from the service. The steering group will be responsible for developing an Operational Policy for any new Extra Care schemes and ensure it is place prior to the scheme letting. The Policy will be reviewed annually.

Service Specification

- The Extra Care service specification (see Appendix Two) will be reviewed by the steering group to ensure it is outcome-focused and promote increased choice for customers through personalisation. The service specification will be a template for future Extra Care schemes.

Allocations and Lettings

- An allocations and lettings protocol will be agreed to operate across the County to be operated by the landlords.
- There will be an allocations panel to decide on allocations.
- In principle the lettings policy will be designed to maintain a mix of abilities and not let exclusively to those who are already quite frail. This is to ensure a mixed, more vibrant community is maintained and older people continue to have a range of choices and options. Neither position on a waiting list, nor assessment of high physical or mental needs will guarantee access – lettings will be a managed process.
- There will also be a need to have in place a clear policy framework in respect of the management of voids within Extra Care Housing schemes given the potential conflicting organisational objectives. For example, housing officers may be concerned to fill voids as soon as possible, while care managers may want to delay allocation to ensure a balanced community.

Charging Policy

- Develop a fair and consistent charging policy for Extra Care scheme tenants. This may include attendance allowance payments being taken by way of contributions to care costs.

7. Virtual Extra Care Network

Explore the potential to set up a 'Virtual Extra Care' network. Housing 21, a leading RSL and Telecare appliance provider, Tunstall, have recently revealed details of a new 'Virtual Extra Care Service' called VIRTEX which sees the introduction of a new generation of Telecare and Telehealth systems into people's homes, creating a connected community between both carers and older people requiring care.

8. Monitoring and Evaluating the Success of Extra Care Housing Schemes

As the local authority's role will change from its primary role as provider to facilitator/enabler with wider responsibilities across communities so the focus will need to move from day to management to a more strategic role. The data will not only look at 'how much at what cost?' but also:

- What is the value of this provision in terms of outcomes it achieves
- Why are we purchasing this service
- How do we influence the range of providers to deliver the kind of service that people want and need at the best possible price

Effective measures will be developed by the Steering Group that will enable an assessment of whether success has been achieved and how to evaluate that success. The three basic components of measurement will be:

- Outcomes: What are we trying to achieve for the population – for occupants and the wider community.
- Outputs: Are the commissioned services achieving their goals and targets.
- Processes: Are the processes put in place delivered the outputs to time and in the right volume and with the right approach to deliver the outputs.

8. Risk Management

Developing and implementing the Strategy will introduce uncertainty throughout its 'lifetime' and risks can arise at any stage. Effective management of risk will be an integral part of the key actions. A risk assessment will be undertaken to understand the uncertainty around delivering the Strategy. Risk action plans will be put in place to minimise threats and opportunities. This will help us:

- Make informed decisions about the delivery of our objectives.
- Reduce uncertainty and highlighted opportunities.
- Improve confidence in the delivery of the Strategy.

Appendices

Appendix One

Location of an Extra Care Scheme

The local Authority and providers should have regard to the following site specific criteria:

- The relationship of a scheme to the local community in which it is to be located.
- Level access to the scheme and surrounding facilities.
- Links to existing services for older people.
- Proximity to other older people's accommodation.
- Easy access to GP/primary care and other community health services.
- Planning requirements constraints.
- Low crime/low risk, neighbourhood.
- Easy access to local transport.
- Potential market for mixed tenure.
- Whether an existing sheltered scheme will be refurbished or land used for new build.

Source: Care services Improvement Partnership, The Extra Care Housing Toolkit

Appendix Two

Example of a Service Specification for an Extra Care Scheme

SERVICE SPECIFICATION FOR EXTRA CARE

Buildings

A typical Extra Care scheme will:

- Meet current, relevant Homes and Communities Standards – essential where they or Department of Health are part funding.
- Be constructed to DDA mobility standards.
- Incorporate or allow for future use of a wide range of assistive technology.
- Meet space standards set out in Fact Sheet 6 – Extra Care Housing Toolkit. One person, one bed properties should be around 48m² as a minimum and two bed two person properties around 68-70m². Buildings will be designed for flexibility in use possibly with dismantlable partitions in some dwellings to allow a variety of configurations.
- Incorporate a mix of one and two bed properties.
- Built to high energy efficiency standards to minimise energy costs for residents.
- Where bigger schemes may be constructed facilities can be made accessible to the wider community. Security and privacy for residents will however be paramount and “zones of privacy” may be incorporated.

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- Offer properties for sale and rent unless the local market condition are very unfavourable to sales. Sale would include shared ownership.
- Provide a range of facilities commensurate with the scale of development.
- Bigger schemes will have more extensive facilities.

Services for care and support

Services for care and support will include:

- Clear arrangements set out in management agreement/service agreements between care providers and housing providers detailing where responsibilities lie for all aspects of running a modern Extra Care service.
- All residents to have a clear individual support/care plan. Support/care to be provided flexibly to best meet each individual's needs on a daily basis.
- Whatever the precise formal housing management, support care distinctions required for legal, financial, contracting or other reasons from the residents' perspective the service they receive should meet their individual needs comprehensively in a simple, straightforward manner – a “seamless service”. Organisational, budget or other differences must not undermine a quality service.
- Schemes may receive both Supporting People and Social Services funding based on the number of individual eligible residents plus additional contracted hours to be used flexibly to meet changing needs and specific needs.
- Where a scheme attracts Supporting People funding a base line level of support (as opposed to care) for all eligible residents of around 3-4 hours per resident per week.
- Access and allocations will be managed through a panel drawn from Social Services, Housing Authority and relevant scheme based staff – normally a person is able to cover both care and housing matters. Needs will be assessed through an application for Extra Care housing supplemented by a care needs assessment where required. Applicants will be categorised for the purpose of ensuring a mixture of abilities into:

High	13+ hours of care/week
Medium	5-12 hours of care/week
Low	4 or less hours of care/support per week.

Lettings will be managed to ensure roughly a third of residents fall into each category.

Facilities within each scheme

Schemes should incorporate the following range of facilities:

- A welcoming, warm entrance area with electronic door opening and adequate seating.
- A central lounge with other sitting areas and quiet rooms. This may also provide for community use and for use as a day centre facility if such need exists in the locality. Hearing loops should be provided.
- A kitchen and service, and ideally a dining area capable of fresh food preparation with related equipment.
- A laundry capable of dealing with residents' personal needs, including incontinence management and ironing. This should be for tenants to use, as well as staff doing the laundry on the residents' behalf where this is necessary.

- Assisted bathing facilities. Tenants will mainly use their own bathrooms, which would provide walk-in showers, even for assisted bathing. This facility would offer a range of specialist equipment for use when it is impossible to bathe in the flat.
- A care team suite providing an office and staff room for the care provider. This will include an overnight room and a shower.
- A scheme manager's office large enough for a PC, printer, copier and fax machine, plus meeting space.
- Wide corridors capable of providing parking spaces for electric vehicles close by or immediately outside each dwelling. Facilities for garaging and charging buggies. Corridors should be wide enough for electric vehicles and be coloured differently to help identify location. Numbering should be bold. Waist high delivery shelves for milk and letter boxes for mail delivery are also needed.
- One or two lifts capable of transporting an electric buggy and preferably having dual access, i.e. drive in/drive out. Braille, voice and visual indicators.
- Café bar facility to double as a dining area which therefore has to be close to kitchen. The purpose is to neutralise the normal institutional feel of a communal dining room.
- Library/Internet room. Ideally, a range of other rooms and spaces for a range of activities, meetings, hobbies.
- Shop selling basic foods, including frozen meals, papers etc.
- Fitness suite with basic exercise equipment.
- Healthcare consulting/physio suite.

The dwellings and scheme as a whole will incorporate design and construction features to make it more easily useable by those who have, or who develop, sensory or physical impairment.

Shared community use

On a 40 plus unit scheme, some of these facilities will need to generate extra turnover to break even. This can be obtained by opening facilities to wider use by local people on a "pay for use" basis. Day centre users can use the shop for instance and the fitness suite could offer a subscription membership to local non resident older people in order to help pay for professional supervision. The Café Bar will also offer a drop in facility and may become a meeting place for non residents helping to break down the institutional atmosphere.

Much of this community use depends upon access. Dropping in to use the Café Bar for instance assumes a central location near to other facilities like shops and buses. Day care centres, on the other hand, may bus in potential customers on dedicated transport, making them something of a captive market. Each site will offer different opportunities and will require unique solutions to create a vibrant interesting and commercially sound range of services.

Some facilities will rely on voluntary help to reduce operating costs. These volunteers can be residents or members of the local community. This will nurture a sense of ownership and involvement from local people and those with realties in the scheme.

The Care Team

The Care Team should be a dedicated workforce based at the scheme providing care services to residents.

Supervision should be based on site and there should be a close working relationship with the Scheme Manager function employed by the building provider. The benefits of this close working relationship will be felt in the detailed understanding of the needs and wishes of residents as they change from day-to-day.

The Care Team Manager will have an office on site and staff will be allocated work programmes on a daily basis by the manager. Staff would be encouraged to spend time informally with tenants, including organising and attending social events.

The total care team resource is agreed annually in relation to the agreed profile of residents. This profile will estimate the percentages of tenants at various levels of frailty and the consequent total number of care hours is derived accordingly. The Care Manager will then flex the number of care hours given to each tenant each day within this total resource.

As a consequence, the level of frailty of each tenant has to be monitored constantly to decide on the frailty level which can be accommodated when a vacancy arises.

Staffing model

- Support staff organised into small teams with a team leader or senior support worker.
- A mixture of both full and part time staff deliberately employed to give a larger number of staff and thus flexibility and, in particular, flexibility in terms of covering a wider range of hours during which customers may need assistance, also providing a means of having larger numbers supported at peak periods such as early morning.
- In recruiting part time staff, contracts should make it clear that the offer of employment is conditional on a degree of flexibility and being willing and able to work for extended periods beyond the (say) half time work on which they are normally employed – this again is to give some flexibility and also to allow for crisis times, holiday cover, training.
- Job descriptions/specifications are widely drawn so that staff can be expected to undertake the range of tasks that older people might require whether this be cleaning, support to make a meal or assistance with personal hygiene.
- Staff work on a key worker system with support workers allocated working on a ratio of say one to seven people, implying an average of about four hours' support per week to each Extra Care resident.
- Assuming a 35 hour week over a seven day period, this would mean each resident would on average get four hours' support or care each week, allowing about three-seven hours for travel, admin, training and supervision each week.
- It would be recognised that this was an average and that flexibility and support, which is characteristic of Extra Care, would be provided by staff working more or less with individuals according to their needs, health, illnesses.
- In addition, further hours can be called on from other staff to provide additional support to individuals where necessary.

One of the important parts of Extra Care developments is the emphasis on activity. With the dispersed population it is suggested that one or two rather different roles are created to address this aspect.

Assistive Technology

Modern technology has expanded the role of the emergency alarm system to provide a flexible and non-institutional tool to help maintain independence. This is certainly in the interests of tenants but also of the providers as it will help to direct care resources to where they are most needed.

A minimum standard installation consisting of an emergency alarm, a burglar alarm and linked video cameras to display views within the building and outside, on the tenants' televisions should be considered essential.

This platform can then be built upon as part of the care package for each tenant. The use of extra technology will always be agreed with the tenant.

The additional benefits to integrate assistive technology in any scheme include the following:

- A falls monitor - this is simply clipped to the clothing of vulnerable people. It will send a message to a remote receiver in the event of a fall.
- Movement sensors - this involves the alternative use of the burglar alarm to notify non-movement instead of movement, within the flat.
- Monitors which alert staff if a vulnerable person gets out of bed at night and does not return within a specified time. This is used to help monitor dementia sufferers without constantly disturbing them.
- Lights which go on automatically when the tenant sits up in bed help to avoid difficulties when the person cannot remember where the toilet is.
- Monitors which will alert staff if a person leaves their accommodation. This is also useful in cases of dementia. The purpose is not to stop people leaving their flat, but to make sure that staff are aware and able to ensure safety without locking external doors.
- Electronic mechanism to open doors and windows from the chair and without calling for assistance.
- Sensors to detect water leaks in bathrooms and kitchens to reduced the risks of floods caused by forgetfulness.
- The use of video cameras within the home which can be monitored externally by relatives using internet technology.
- Other "Smart Home" technology linked to disability offering remote operation of a wide variety of household equipment and implements.

These adaptations can be installed and then removed so that the array of technology which is part of the domestic setting is always what is needed to maintain independence as agreed with the tenant and their families.

All dwellings in which an Extra Care service is provided, whether in a larger scheme or smaller rural Extra Care, should have environmental monitoring equipment, which would include:

- Temperature extremes detector (to cover both fire hazards and hypothermia risks).
- Smoke detector.
- Flood detector.
- Movement detectors.
- Pull cord in the bathroom.

Assistive technology would not replace staff. One of the purposes of the technology in fact is to summon help when it is needed from staff. However, it can add reassurance and security. Some of the technology can be enabling, allowing people to do independently things that without it they would not be capable of; it can add to privacy and dignity, again by enabling people to carry out personal things such as personal hygiene, toileting and bathing activities unaided.

A successful Extra Care scheme of this size will be able to accommodate a range of tenants' needs. Some of these will be at a level similar to those in residential care homes. The essence is in a mixture of levels of dependency. Some tenants will be able to recover capacity in this setting and their care can be expected to actually fall. For others, the progression of an illness will be inexorable and a steady increase of care will be available. The care will be enabling and promoting of independence. Research has shown that even former residents of residential care home can recover capability in this setting.

Non-institutionalised care

The essence of Extra Care housing is to create a building and a care regime which normalises the environment and which leaves tenants firmly in control of their own care. Self-contained accommodation can be designed to accommodate future levels of frailty without appearing institutional. Walk in showers and wide doorways, for example, are not unwelcome elements of design for any age group. Windows which allow a view out from a sitting position are also nice features. Colour schemes can be both attractive and suited to those with impaired vision.

As tenants, occupiers of Extra Care housing have the full panoply of rights and responsibilities conferred by statute and via the tenancy conditions. The very fact of a tenancy conveys a sense of privacy and independence. The receipt of pensions, the obligation to pay rent, and the right to choose what to buy, are key features of normal living.

Unfurnished letting means that most people will take with them all their own furniture and valued possessions. The flat is their territory; carers and other professionals have the status of invited guests within the flat. This basic approach holds good even when carers are providing high levels of care and preparing all meals. It also applies in cases of dementia when tenants' independence is at its most vulnerable.

For more information

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Promoting Independence....Changing Lives

Leicestershire Extra Care Housing Strategy 2010 – 2015
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Helping to create balanced communities and provide choice to Older People in Leicestershire

